QUALITY DARPAN

An update on National Quality Assurance Program

Volume 1, Number 2
December 2020

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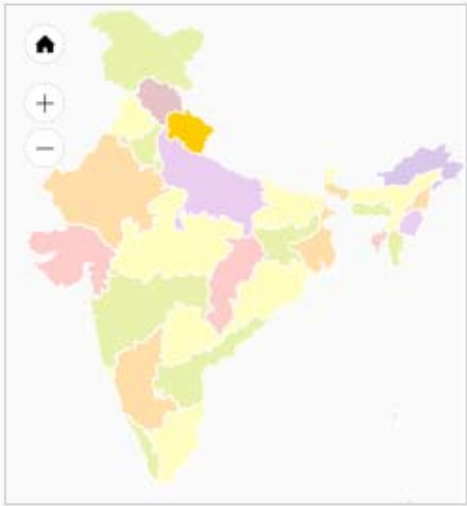

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PREFACE

Quality of Care has emerged as a key thrust area for both Policy Makers and Public Health Practitioners. It serves as an instrument for optimal utilization of resources to improve health outcomes and patient satisfaction. Providing healthcare services, without guaranteeing a minimum level of quality is ineffective and unethical. It was important that the public health care facilities were benchmarked against set quality standards, so as to improve the confidence of the public availing the services; while also boosting the morale of the service providers in these institutions.

High-quality health systems augment the healthcare in each given context, by consistently delivering care that improves or maintains health; by being valued and trusted and by responding to changing population needs. The National Quality Assurance Program throughout its journey so far, has strived in the best possible ways to improve the quality of care in Public Health Institutions of India.

This volume of 'Quality Darpan: An update on National Quality Assurance Program' intends to provide the status update of the Program implementation till December' 2020. The document also unveils the latest interventions undertaken by the Program. The analytical representation of the data provided in this document, is anticipated to aid the States and Union Territories in apprehending their progress and recognizing the weak performing indicators; so as to continue the improvement.

NATIONAL QUALITY ASSURANCE PROGRAM

Improving 'QUALITY' of Healthcare Services

The National Health Policy, 2017 clearly states in its objective; to improve the health status through concentrated policy action in all sectors and to expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector. It also targets the universal access to good quality healthcare services, without anyone having to face the financial hardship as a consequence of availing the services. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery.

A. National Quality Assurance Standards

1. NQAS

The National Quality Assurance Standards (NQAS) were launched in 2013 with an aim to improve the Quality of Care in Public Health Facilities of India. These standards for District Hospitals, Community Health Centres, Primary Health Centres and Urban Primary Health Centres have been developed over the years. In the year 2020, the standards for Ayushman Bharat Health and Wellness Centres-Sub Centres have also been developed, to ensure the quality of promotive, preventive and primary health care services; early screening and identification; timely referrals and regular follow ups. The NQAS continue to meet the global benchmark and have once again been awarded with accreditation under the International Society for Quality in Healthcare (ISQua) till August' 2024.

As per 'Operational Guidelines for Quality Assurance in Public Health Facilities 2013'; four level of assessments (Facility, District, State and National level) have been defined to be undertaken, in order to sustain the quality and to ensure the continual improvement. Quality Certification of the health facilities is the outcome of the periodic monitoring and evaluation under the National Quality Assurance Program; which has shown an exponential growth over the past five years. The Quality Improvement Division,The National Health Systems Resource Centre, New Delhi (QIQuality Improvement, NHSRC) and the Regional Resource Centre for North Eastern States, Guwahati (RRC-NE)), the technical support unit for National Health Mission under Ministry of Health and Family Welfare, Government of India are persistently rendering the technical support to the States and Union Territories in terms of capacity building and training; strengthening the human resources for program implementation, analyzing the identified gaps, developing the time bound action plans for closing the gaps, applying quality tools, measuring and evaluating the key performance indicators to improve the health outcomes etc. This mechanism provides an opportunity of cyclical and continuous quality assessments which has proven to be an incremental process for improvement.

An impact assessment study of NQAS certification was done by Population Research Centre, Dharwad, Karnataka in three (03) States of India i.e. Chhattisgarh, Karnataka and Maharashtra. Study results indicate various advantages of NQAS accreditation of Public Health Facilities. Study respondents perceived NQAS accreditation as a good tool for improving the quality of healthcare. It was also observed that, in order to make accreditation an effective regulatory instrument, there is a need to assess quality based on patient outcome indicators[1].

As on 31st December 2020, a total of 700 public health facilities are certified under the NQAS. Zone-wise distribution of the NQAS certified public health facilities from financial year 2016-17 till December 2020 is shown in Table 1.1. The zonal distribution the States/UTs may be referred in *Annexure I*. Also, the States/UTs including Arunachal Pradesh, Sikkim, Andaman & Nicobar Islands, Chandigarh, Goa, Ladakh, Lakshadweep and Puducherry had not yet initiated the process of external assessments under the NQAS.

Table1.1: Zone-wise distribution of NQAS certified public health facilities in India from FY 2016-17 till December' 2020

Zone	2016-17	2017-18	2018-19	2019-20	2020-21	TOTAL
South	0	6	87	217	19	329
North	4	15	33	66	14	132
West	3	26	23	62	39	153
Central	1	2	10	34	2	49
East	1	2	2	12	3	20
North-East	1	1	-	14	1	17
Total	**10**	**52**	**155**	**405**	**78**	**700**

Note1: *In the first version of Quality Darpan, published in June 2020; the number of NQAS certified facilities in FY 2019-20 were reported as 424. Out of these 424 public health facilities, 19 facilities were certified with conditionality; which have attained full certification in FY 2020-21 (till 31st December 2020). Hence, these 19 full certified facilities have been shifted to FY 2020-21, resulting in 405 certified public health facilities in the year 2019-20 in this volume of December 2020.*

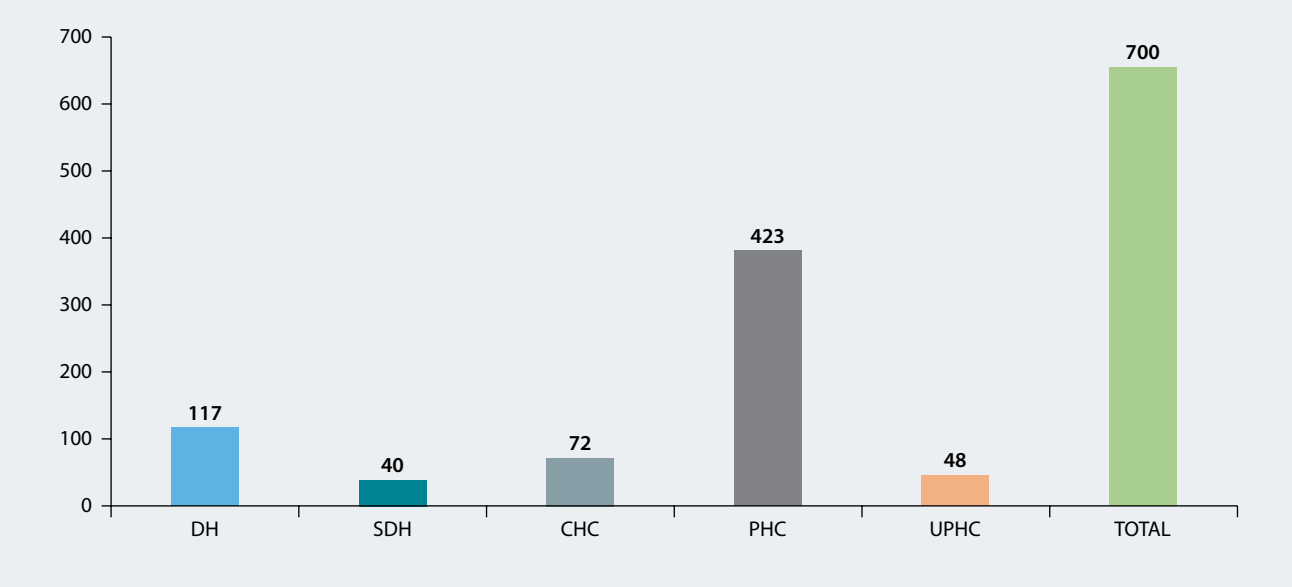

Figure 1.1: Category-wise number of NQAS certified facilities in India

As on 31st December 2020, total 700 public health facilities have been NQAS certified in the Country. It includes 117 DHs, 40 SDHs, 72 CHCs, 423 PHCs and 48 U-PHCs (as depicted in Figure 1.1). State-wise and category-wise distribution of NQAS certified facilities are given in *Annexure II* and *III*.

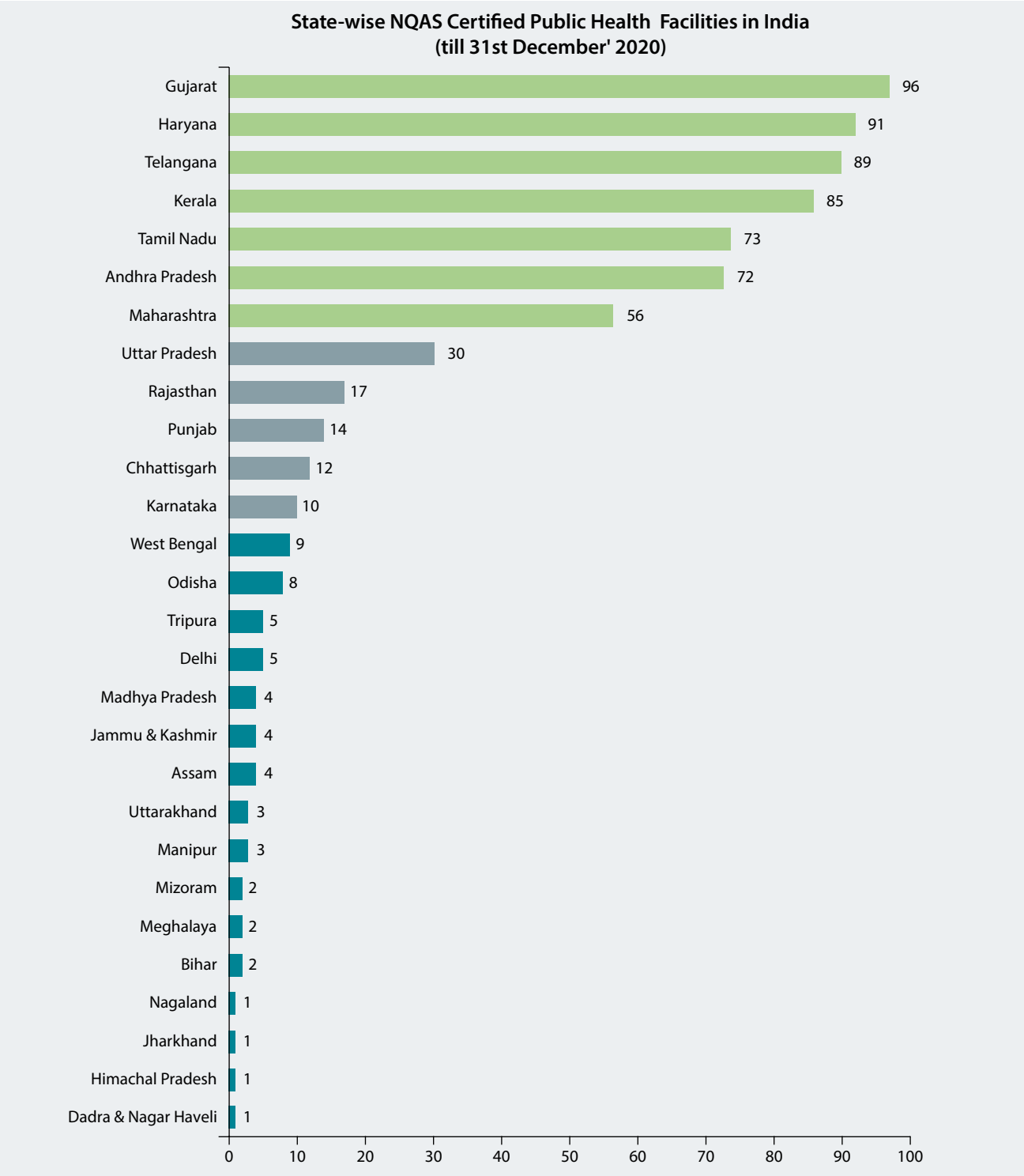

Figure 1.2: Graphical representation of NQAS certified Public Health Facilities in India (till 31st December' 2020)

The graphical representation in Figure 1.2 shows that the State of Gujarat (96) has the highest number of the NQAS certified public health facilities, followed by Haryana (91), Telangana (89), Kerala (85), Tamil Nadu (73), Andhra Pradesh (72) and Maharashtra (56). Quality Teams of Andaman & Nicobar Island, Arunachal Pradesh, Daman & Diu, Chandigarh, Goa, Ladakh, Lakshadweep, Puducherry and Sikkim are under process of initiating the external assessments.

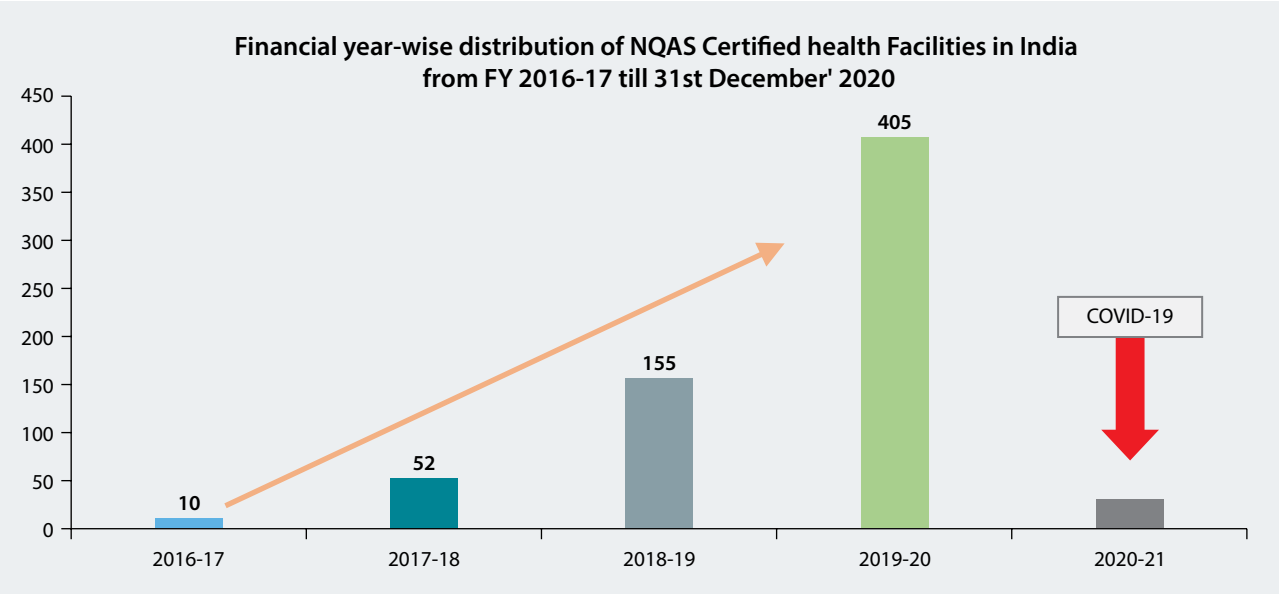

Figure 1.3: Financial year-wise progress in number of NQAS certified facilities in India (till December' 2020)

Remarkable increase has been observed (as shown in figure 1.3) in the certified number of facilities from FY 2016-17 (10 nos.) to FY 2019-20 (405 nos.). However, the prevailing COVID pandemic has encountered the Program with many challenges in FY 2020-21. To contend with these unavoidable challenges where the physical visits are not possible to be executed for assessments; the protocol of **'Virtual Assessment'** was developed and has been made effective from 1st July 2020, till further improvement in the ongoing pandemic situation and till permissibility to travel.

The virtual assessment protocol has provided the opportunity to resume the external assessments through virtual mode, wherein the respective facility is assessed by a team of external assessors remotely, using the electronic platform. This assessment method also includes the staff and patient interview which is a crucial aspect of the process of assessment. This is further followed by the review of submitted documents and evidence of compliance by the respective facility against the defined checkpoints of virtual assessment protocol. The final score of the facility is finalized based on the weighted average score obtained from the six defined criteria for NQAS certification which includes State certification score of the facility, Virtual assessment score of the facility, Mera-Aspataal score/Patient Satisfaction score, Document verification score, Statutory and legal compliance and score obtained against Key Performance Indicators. The collective score based on the mentioned criteria is then evaluated and the final result of virtual assessment is declared.

To ensure the credibility of the assessment methodology, it has been made mandatory to re-verify the attained standards through physical visit, as soon as the travel gets permitted. Therefore, the facilities achieving certification under virtual assessments shall be given 30% weightage during the physical assessment. Also, all such facilities shall be eligible for 30% of the incentive award money, as per the operational guidelines. The remaining 70% shall be disbursed after attainment of certification on physical verification of compliance of the respective facilities.

The State Quality Assurance Teams were provided with the technical assistance to implement the virtual assessment protocol in their respective States/UTs. The major constraints identified for the reduced number of certifications are restricted travel, engagement of human resources in COVID-19 care service provision, commitment of public health facilities for managing the COVID-19 patients etc. However, it is expected that the number may increase by the end of current financial year; as the States/UTs have built their capacity to execute the assessments through virtual mode and are in process of preparing the identified facilities of their respective regions for the same.

Till 31st December 2020, the Certification Cell, Quality Improvement, NHSRC had received 172 NQAS applications for virtual assessments from the States of Assam, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Mizoram, Punjab Rajasthan, Tamil Nadu and Uttar Pradesh etc. Out of the 172 NQAS application, 114 facilities have been assessed virtually till 31st December' 2020. The results of 55 facilities have been declared as certified in accordance to the virtual assessment protocol. However, the result declaration of 22 more assessed facilities is under process. The remaining facilities shall be scheduled for assessment in the upcoming month.

Table 1.2: NQAS Assessment Status of Public Health Facilities under Virtual Assessment Protocol (till 31st Dec. 2020)

Type of Assessment	Applications Received	Assessments Conducted	No. of Certified facilities
NQAS	172	114	55

Support during COVID-19 pandemic

To support the States/UTs during the pandemic, the Ministry of Health and Family Welfare (MoHFW) has provided directions to the NHSRC and development partners including WHO, UNICEF, UNFPA and NIPI to depute their officials for assessing the various aspects of preparedness of the identified Dedicated COVID Hospitals (DCHs) and Dedicated COVID Health Centres (DCHCs) in the Country. The NQAS empanelled external assessors were deputed for the field visits to assess such preparedness and available quality of services in 149 healthcare institutions (including Government and Private Hospitals). The Assessors successfully executed the field visits to these healthcare institutions and had assessed services based on a defined checklist. The exercise aided the MoHFW to evaluate the availability of services and further strengthen the facilities as per the patient needs. Total 46 visits to the Dedicated COVID Hospitals (DCHs) and 103 visits to the Dedicated COVID Health Centres (DCHCs) were executed by the NQAS empanelled External Assessors under the supervision of the Quality Improvement Division, NHSRC, New Delhi.

In view of the increasing sentience towards infection prevention and hygiene during the pandemic, a video on 'Standard Practices of Infection Prevention' targeting the field warriors i.e. house-keeping and support staff was also developed and disseminated through electronic media. It has also been made available on the IGOT platform.

In addition, guidelines for the 'Isolation Ward and Infection Control in Secondary Healthcare Facilities' had also been drafted in the year 2020. An online Capacity building workshop for amended Bio-medical Waste Guidelines was also conducted virtually at National level, followed by seven (07) regional trainings.

2. Kayakalp Award Scheme

Sanitation and hygiene prevents disease and promotes well-being, making it the perfect expression of WHO's definition of health, as expressed in its constitution, i.e. "A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity". The Kayakalp scheme, which was launched as an extension of Swachh Bharat Abhiyan of Hon. Prime Minister Shri Narendra Damodardas Modi on 15th May 2015 is the first comprehensive scheme for Public Health System of India, which has successfully highlighted the linkage between hygiene, sanitation and better health outcomes. Not only this, but it also reinvigorates the role of health authorities as champions of sanitation and hygiene promotion.

The WHO guidelines on 'Sanitation and Health' recommends the promotion and monitoring of sanitation and hygiene within health services to maximize and sustain better health impact. The Kayakalp scheme emerges out to be one of the best intervention in this regard.

In its six years of implementation, it has evidently progressed towards accomplishing its objective of improving the cleanliness and hygiene practices and has built a new glimpse of confidence amongst the citizens on the Indian Public Health System. Complementing the efforts of the Swachh Bharat Abhiyan, the scheme has witnessed wide acceptance and ownership across all its stakeholders; which has made a remarkable effect in the transformation of Public Health Facilities; especially in terms of sanitation and hygiene promotion. During the pandemic of COVID-19, the Nation has explicitly distinguished this rejuvenation and is admiring the envisaged vision of the Kayakalp scheme i.e. promotion of hygiene and sanitation; which has proven to be one of the crucial component to fight against such an outbreak. The behaviour change manifested through Kayakalp implementation over the years has played a major role in current pandemic situation.

Research and Studies under Kayakalp

In February 2020, a study was conducted by Population Research Centre, New Delhi with financial support of MoHFW, Government of India to evaluate the impact of Kayakalp Program on Cleanliness, Sanitation, Hygiene promotion and infection control practices in public health care facilities. The study was based on primary and secondary data collected from the District Hospitals, Community Health Centres and Primary Health Centres from five (05) Districts of Uttar Pradesh. It was found that the implementation of Kayakalp scheme has brought major improvement in the aspects of infection control practices, facility upkeep, sanitation and hygiene promotion. Significant positive changes in service provision were also reported in almost all the facilities undertaken in the study. Major improvements were reported in secondary care facilities i.e. District Hospitals in comparison to the Primary care facilities. The most important factor which led to the motivation among the staff for ensuring a better healthcare environment was reported as the self-satisfaction, willingness to work for improvement and recognition of their facility at National level[2].

Another study was done by the Population Research Centre, Dharwad, Karnataka in March 2020, including twenty-five (25) PHCs of five (05) districts of Karnataka State. The objective of the study was to assess the knowledge of Medical Officers pertaining to the Program and to assess the level and impact of Kayakalp program implementation. Medical Officers were found to have good knowledge of the program resulting in well executed implementation of the same. Patients as well as the staff of the PHCs expressed an optimistic approach towards the program. It has also been reported that the patient load of the PHCs were increased after the implementation of Kayakalp, indicating the increased utilization of services. Furthermore, the number of PHCs providing Tetanus toxoid and Hepatitis-B vaccines to its staff had risen after Kayakalp implementation. Participation of Panchayati Raj Institutuons and local community members in PHC activities was also reported to be improved[3].

The Kayakalp scheme has implanted its roots at all levels of the Public Health Institutions; right from the Tertiary Care Institutions to the Primary Care Facilities and Ayushman Bharat-Health and Wellness Centres. Linking the scheme with patient's satisfaction through Mera-Aspataal application in 2019, has strengthened the credibility of the scheme by an additional weightage to the patient's experience in terms of cleanliness and hygiene of the hospital. Total number of public health facilities of the Country that participated in Kayakalp Award Scheme and number of public health facilities that have achieved more than or equal to 70% score in the Kayakalp external assessments are shown in the Table 2.1.

Table 2.1: Status of Kayakalp External Assessments from FY 2015-16 to FY 2019-20

Category	2015-16		2016-17		2017-18		2018-19		2019-20*	
	HF	≥ 70% Score	HF	≥ 70% Score	HF	≥ 70% Score	HF	≥ 70% Score	HF	≥ 70% Score
CGIs	10	3	16	5	21	13	24	9	24	12
DHs	712	97	739	191	795	289	795	395	817	372
SDHs/ CHCs	Nil	Nil	5672	318	5637	760	5637	1140	6342	1769

Category	2015-16		2016-17		2017-18		2018-19		2019-20*	
	HF	≥ 70% Score	HF	≥ 70% Score	HF	≥ 70% Score	HF	≥ 70% Score	HF	≥ 70% Score
PHCs	Nil	Nil	15250	1044	17301	1729	17301	2723	19026	4078
U-PHCs/U-CHCs	Nil	Nil	Nil	Nil	2042	181	2415	562	3732	1010
HWC-SCs									4098	374
Total	**722**	**100**	**21667**	**1558**	**23996**	**2972**	**26172**	**4829**	**34039**	**7615**

HF – *Number of Health Facilities included under Kayakalp initiative*
≥ 70 % Score – *Number of Health Facilities scoring ≥70% score under Kayakalp initiative*
CGI – *Central Government Institutions*
DH – *District Hospitals*
SDH – *Sub-divisional Hospitals*
CHC – *Community Health Centres*
PHC – *Primary Health Centres*
U-PHCs – *Urban Primary Health Centres*
U-CHCs – *Urban Community Health Centres*
HWC-SCs – *Health and Wellness Centres- Sub Centres*

* ***Includes data from 32 States and UTs,*** *as the States/UTs of Andaman & Nicobar Islands, Lakshadweep, Puducherry and Delhi have not declared the award.*

It can be inferred from table 2.1 that the participation of public health facilities in Kayakalp initiative has increased appreciably from 722 facilities in FY 2015-16 to more than 34039 health facilities in FY 2019-20.

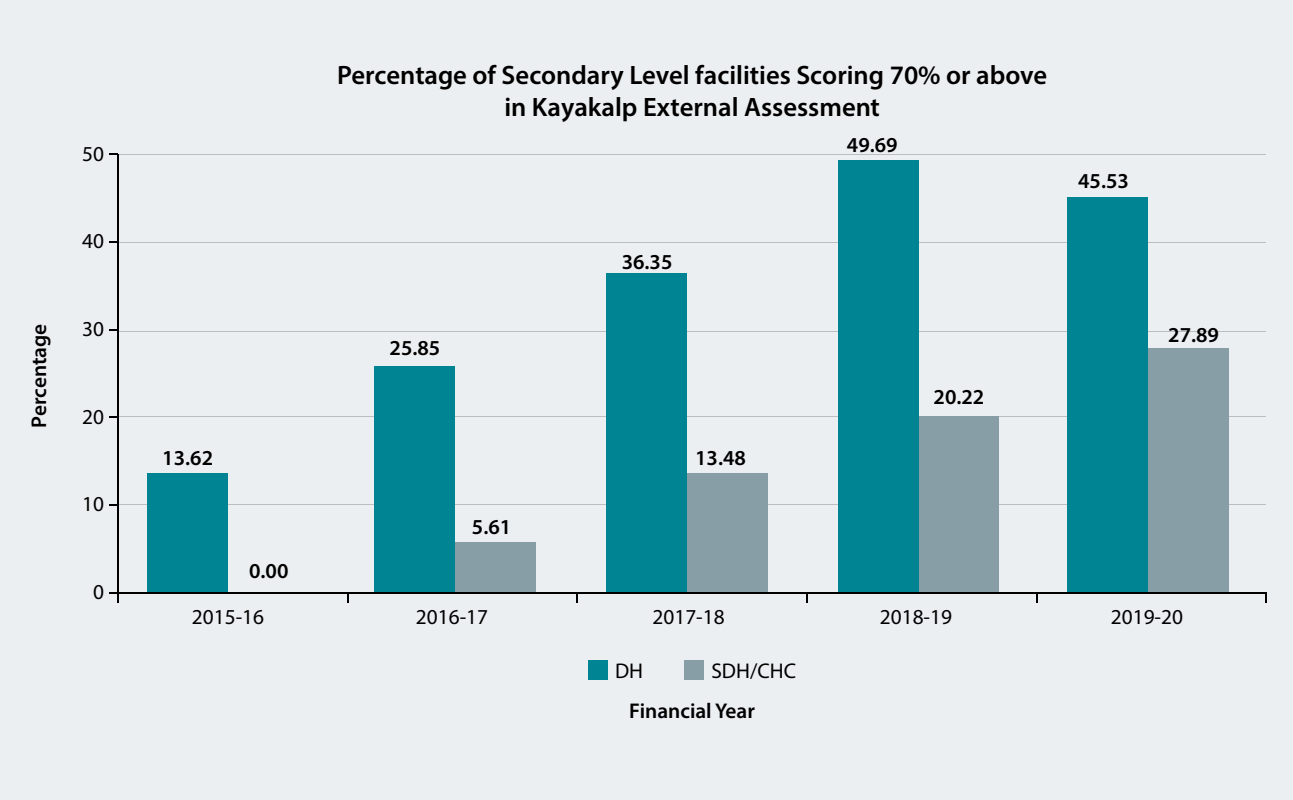

Figure 2.1: Percentage of secondary level healthcare facilities scoring ≥70% in Kayakalp External Assessment from FY 2015-16 to FY 2019-20.

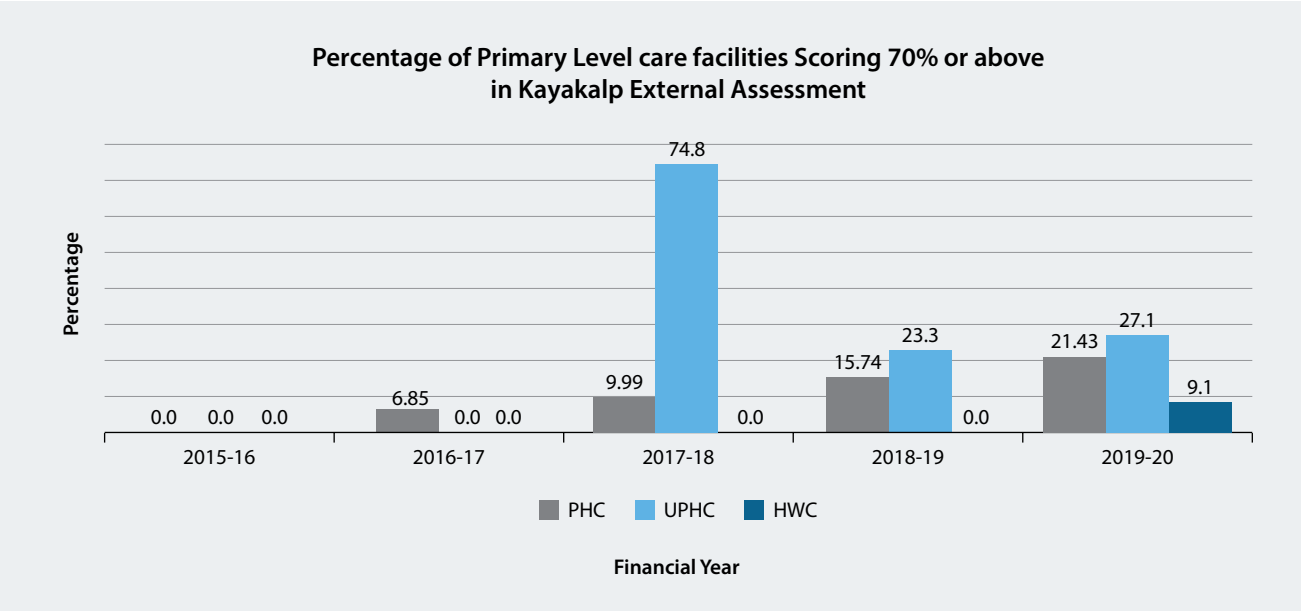

Figure 2.2 : Percentage of primary level healthcare facilities scoring ≥70% in Kayakalp External Assessment from FY 2015-16 to FY 2019-20

The progressive impact of Kayakalp Award scheme can be seen in figure 2.1 and 2.2, which shows that the percentage of District Hospitals scoring 70% or above has increased from 13.6% in financial year 2015-16 to 45.5% in financial year 2019-20. Percentage of Sub-Divisional Hospital/Community Health Centre achieving the targeted score of 70% or more has also increased from 5.6% in FY 2016-17 to 27.8% in FY 2019-20. Similar progress can be seen for Primary level healthcare facilities, as 6.8% in FY 2016-17 to 21.4% in FY 2019-20. Also, 9.1% of HWC-SCs have attained ≥70% score, after being involved under the scheme in FY 2019-20. Similarly, the percentage of U-PHCs scoring ≥70% has been increased from 8.9% in FY 2017-18 to 27.1% in FY 2019-20. Details of State-wise and Category-wise distribution of facilities achieving ≥70% score under the Kayakalp scheme in FY 2019-20 are given in *Annexure IV* and *V*.

3. Mera-Aspataal Initiative

'Mera-Aspataal' or 'My Hospital' initiative was launched on 29th August 2016 with an objective to measure the patient's satisfaction, so as to evaluate and further improve the quality of care at healthcare institutions. The primary goals of this initiative was to establish a patient-driven, responsive and accountable healthcare system; empower the patient party to make informed decisions while choosing a health facility; establish an environment of healthy competition among healthcare providers to provide better quality services; establish a mechanism to rank health facilities based on the patient satisfaction score and to recognize the best performing facilities. This initiative captures patient feedback on the services provided by the hospital, through the user-friendly multiple channels, such as Short Message Service (SMS), Outbound Dialling (OBD) mobile application and Web Portal. The patient can submit the feedback in six different languages (English, Hindi, Gujarati, Tamil, Telugu and Kannada) on mobile app and web portal, within seven (07) days of visit to the respective hospital.

Initially, Mera-Aspataal initiative was piloted for nine months (September 2016 - May 2017) in approximately 100 hospitals; covering Central Government Hospitals, Government Medical Colleges and District Hospitals. It was done in 17 States/UT including Haryana, Rajasthan, Delhi, Gujarat, Chandigarh, Madhya Pradesh, Tamil Nadu, Odisha, Karnataka, Telangana, Andhra Pradesh, Kerala, Meghalaya, Puducherry, Chhattisgarh, Bihar and Uttarakhand. Based on the positive findings of the pilot assessment, the initiative was scaled up to other government hospitals and empanelled private health facilities.

Since inception, the initiative has made significant progress in terms of integration with health facilities and has now been integrated to approximately 6272 health facilities across 34 States/UTs, which includes 26 Central Government Institutions, 64 Government Medical Colleges, 695 DHs, 284 SDHs, 1339 CHCs, 667 U-PHCs, 2475 PHCs, 691 Private Hospitals, 19 Private Medical Colleges and 12 other healthcare institutions. Mera-Aspataal application is in process of integration in the Union Territory of Andaman & Nicobar Island, Lakshadweep and Ladakh. Progress of Mera-Aspataal integration over last financial years has been provided in the table below. State-wise and Category-wise distribution of Mera-Aspataal integrated facilities may be referred in *Annexure VI*.

Table 3.1: Financial year-wise number of facilities integrated with Mera-Aspatal from FY 2016-17 to FY 2020-21

Financial Year	Number of Facilities integrated with Mera-Aspataal
2016-17	141
2017-18	806
2018-19	1701
2019-20	1627
2020-21	1997
Total	**6272**

The evaluation of data (as on 9th December' 2020) reported through Mera-Aspataal application has shown a total of 8,15,90,180 valid visits in the integrated healthcare facilities; out of which 62,93,272 patients have responded and provided their feedbacks. Out of the total responses, 48,24,702 i.e. 76.66% have reported satisfaction with the provided services in the respective health facilities, while the remaining 14,68,570 i.e. 23.34% have reported non-satisfaction with the service provision.

It has been observed that the initiative requires more advocacy with the States/UTs to strengthen the patient feedback reporting mechanism. As mentioned above, the final Kayakalp score has also been integrated with the score of Mera-aspataal application and 15% weightage has been given to the patients' feedback reported through the application. Capacity building and trainings have been conducted by the Quality Improvement Division, NHSRC and RRC-NE to stimulate the States/UTs for integrating more number of healthcare institutions of their respective regions. It has also been advocated in the trainings that measurement is the key to improvement. Hence, the focus may be targeted not only to measure the satisfaction but also to improve the same.

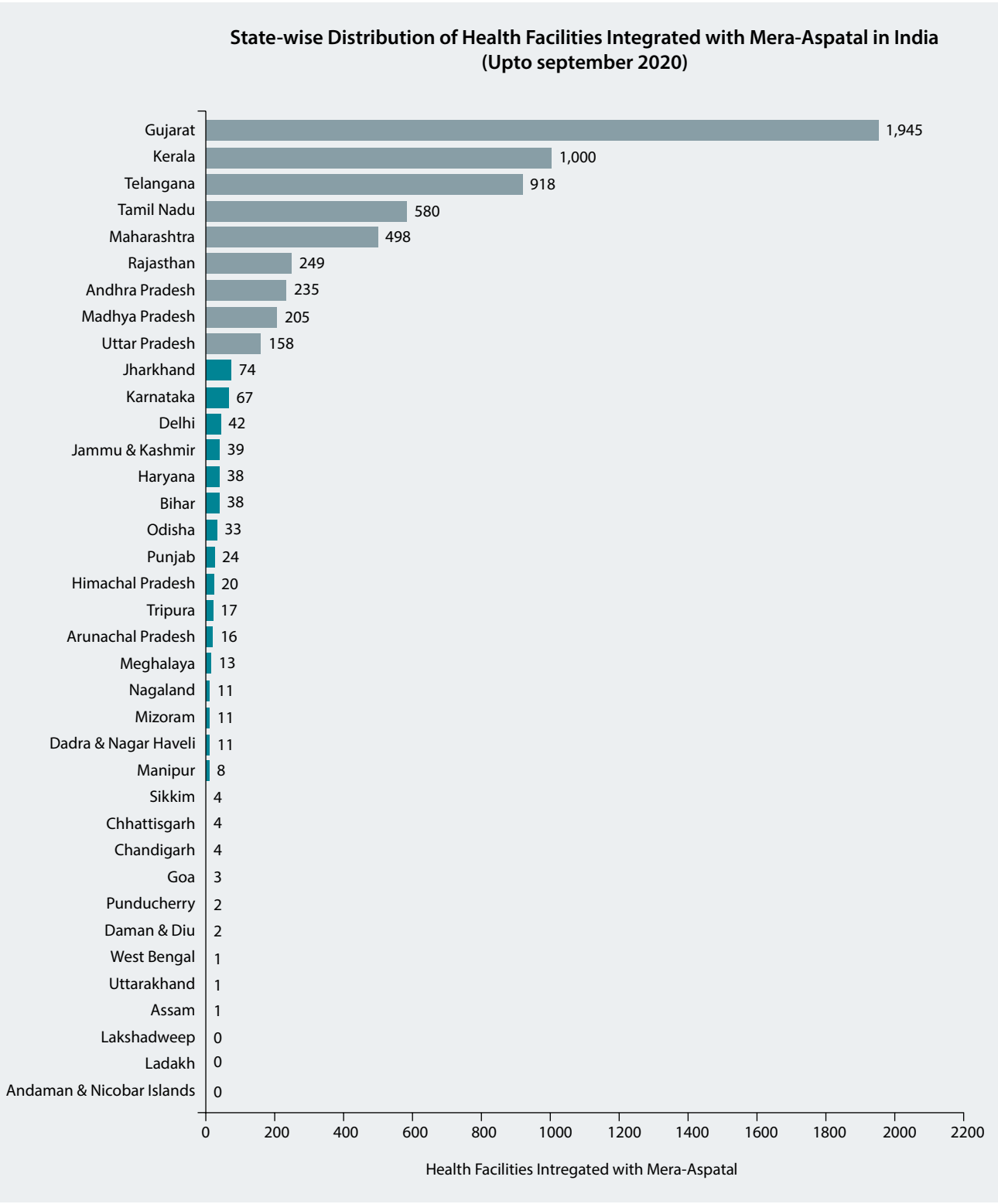

Figure 3.1: State-wise distribution of healthcare facilities integrated with Mera-Aspataal

Figure 3.1 shows that Gujarat (1945) has the highest number of health facilities integrated with Mera-Aspataal application followed by Kerala (1000), Telangana (918), Tamil Nadu (580), Maharashtra (498), Rajasthan (249), Andhra Pradesh (235), Madhya Pradesh (205) and Uttar Pradesh (158). UTs of Andaman & Nicobar Islands, Ladakh and Lakshadweep are yet to initiate the process of integrating their healthcare facilities with Mera-Aspataal application. Details are given in *Annexure VI*.

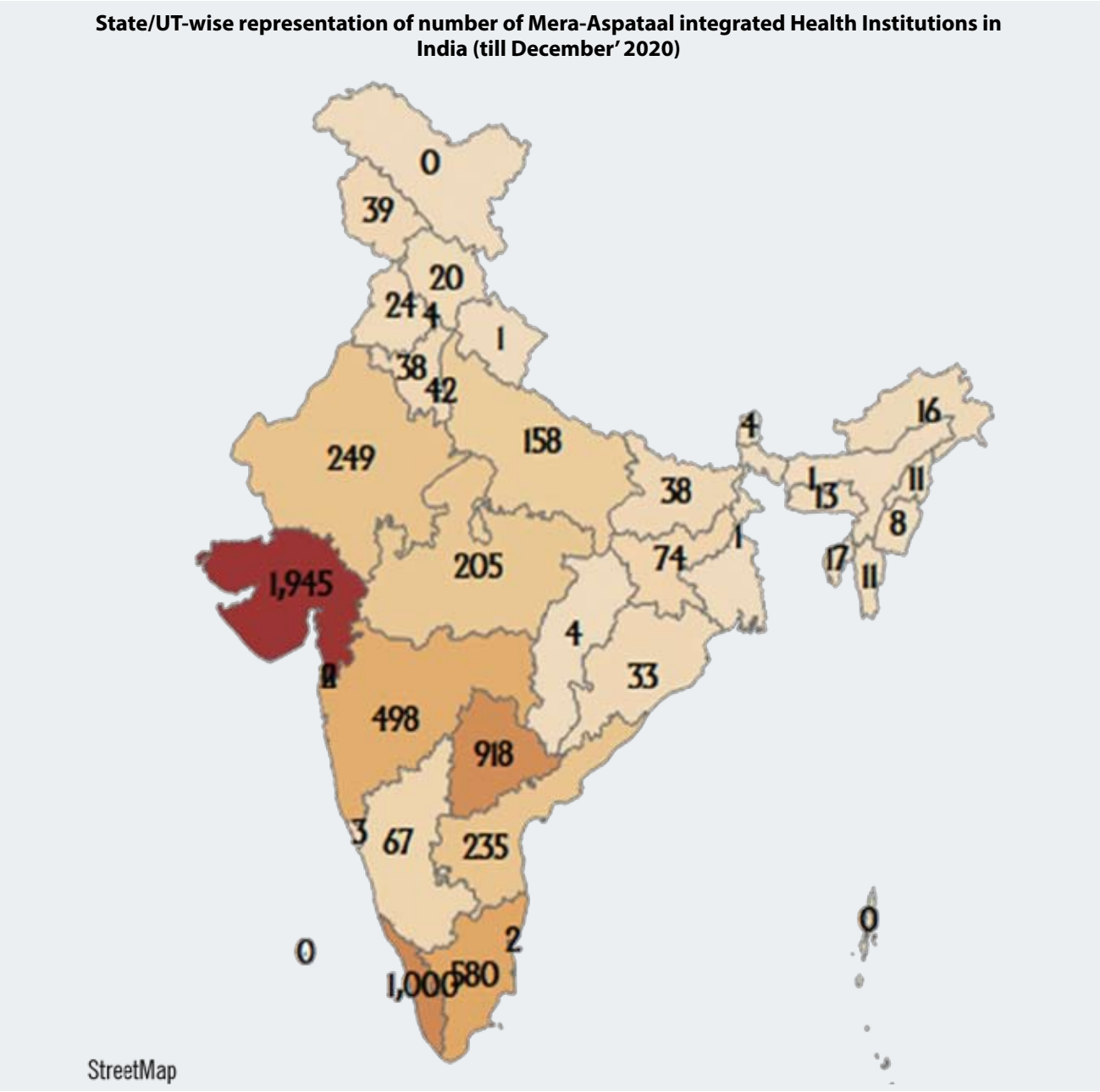

Figure 3.2: Map of India showing number of State/UT-wise Mera-Aspataal integrated health institutions

4. Swachh Swasth Sarvatra

Swachh Swasth Sarvatra (SSS) is a joint initiative of Ministry of Health and Family Welfare (MoHFW) and Ministry of Drinking Water and Sanitation (now known as Ministry of Jal Shakti); launched in December 2016. This initiative builds on and complements the objectives of 'Swachh Bharat Mission' and 'Kayakalp Award Scheme'. SSS augment the participation of healthcare service providers in community sanitation through a financial support from MoHFW; with an objective to achieve open defecation free environment and hygiene promotion among the local communities and healthcare facilities.

In the year 2019, the program was further extended to urban areas through the joint initiatives of Ministry of Housing and Urban Affairs (MoHUA) and Ministry of Health and Family Welfare (MoHFW). SSS acts as catalyst in increasing the number of Kayakalp award winning CHCs from 323 in FY 2016-17 to around 1634 CHCs in FY 2019-20 and from 556 U-PHCs in FY 2018-19 to around 815 in FY 2019-20.

Table 4.1: Status of public health facilities supported and improved under SSS

Financial Years	Number of health facilities financially supported under SSS
2018-19	1087
2019-20	745
2020-21	641
Total	**2473**

In the financial year 2020-21, Rs. 5285.0 Lakh were approved as a one-time grant to the identified public health facilities located in 857 Open Defecation Free (ODF) Blocks/Wards. This includes Rs. 10.0 Lakh per CHC for 641 CHCs & Rs 50,000 per U-PHC for 216 U-PHCs across the Country. The allocated fund shall be utilised to achieve minimum 70% benchmark score in Kayakalp Assessment which would help in improving the cleanliness and hygiene in these facilities.

5. LaQshya Program

As per Sample Registration System 2018 (SRS), India has come a long way in improving the maternal health, by reducing the Maternal Mortality Ratio (MMR) from 556 per 100,000 live births in 1990 to 113 per 100,000 live birth in 2018. The data from NFHS 3 and 4 also shows the increased number of institutional deliveries in public health facilities, from 18% in 2005 to 52% in 2016. HMIS data of FY 2019-20 also reported 50% institutional deliveries; which means 50% of the pregnant women are utilising the services of the government health institution. With regard to child health, Still Birth Rate (SBR) has improved from 7 per 1000 live births in 2010 to 4 in 2018 (SRS 2018). Neonatal Mortality Rate (NMR) improved from 33 in 2010 to 23 per 1000 live births in 2018 (SRS 2018). Infant mortality rate (IMR) has reduced from 47 in 2010 to 32 per 1000 live birth in 2018 (SRS 2018). Under 5 Mortality Rate (U5MR) has also improved from 59 in 2010 to 36 per 1000 live births in 2018 (SRS 2018).

Despite the decline in IMR over the last decades, one in every 31 infants die within first year of their life at the National level (irrespective of rural or urban area); one in every 28 infants in rural areas and one in every 43 infants in urban areas still die within one year of life. Among the States/UTs, the IMR ranges from 4 in Nagaland to 48 in Madhya Pradesh (SRS 2018). Considering the issue of concern with a focus on the quality of care around birth; India has stepped forward to ensure safe motherhood to every pregnant woman in the Country. With this vision in mind, Ministry of Health and Family Welfare has launched LaQshya initiative in November 2017 with aim to reduce preventable maternal and new-born mortality, morbidity and stillbirths; improve quality of care during intra-partum and immediate post-partum period in the Labour Room and Maternity Operation Theatre (MOT); enhance satisfaction of beneficiaries, provide positive birthing experience and Respectful Maternity Care (RMC) to all pregnant women receiving care in public health facilities.

Under the initiative, a multi-pronged strategy has been adopted such as improving infrastructure up-gradation, ensuring the availability of essential equipment, providing adequate human resources, capacity building of health care workers and improving processes of the Labour Rooms (LR) and Maternity Operation Theatres (MOT). The quality of care provided to the beneficiaries in the LR and MOTs are being measured by assessing their compliance with the National Quality Assurance Standards (NQAS) defined for the LRs and MOTs. These standards cater the Medical College Hospitals, District Level Hospitals, designated First Referral Units (FRUs) and high case load Community Health Centres (CHCs). It also incentivizes and brands the facilities achieving NQAS certification. The 'Guidance Note for claiming the Incentive and Branding of facilities under the LaQshya Program' has been developed and disseminated to the States/UTs in April' 2020.

The assessments under the LaQshya Program have also faced the similar challenges as mentioned above for the NQAS. The virtual assessment protocol has proven to be effective to tackle these challenges.

Total 69 applications for the virtual assessments under LaQshya Program have been received from the States till 31st December' 2020, out of which assessments of 20 facilities have been completed in December' 2020. 14 public health facilities out of the assessed 20, have attained certification under LaQshya, as per the virtual assessment protocol. The result declaration of 6 facilities is under process and the assessments of 49 more facilities have been scheduled in the months of January and February' 2021.

Table 5.1: LaQshya Assessment Status of Public Health Facilities under Virtual Assessment Protocol (till 31st December' 2020)

Type of Assessment	Applications Received	Assessments Conducted	No. of Certified LRs & MOTs
LaQshya	69	20	14

Financial year-wise, Zone-wise and Category-wise distribution of LaQshya Certified Labour Rooms from financial years 2018-19 till December 2020 are shown in the Table 5.2 and 5.3.

Table 5.2: Financial year-wise distribution of LaQshya certified Labour Rooms from FY 2018-19 till 31st December' 2020

Zone	2018-19	2019-20	2020-21*	TOTAL
West	8	78	5	91
South	5	46	9	60
Central	3	28	7	36
North	4	26	6	37
East	1	21	6	27
North-East	1	10	1	12
TOTAL	**22**	**209**	**34**	**265**

Increase in the number of LaQshya Certified Labour Rooms has been observed in FY 2019-20. However, FY 2020-21 has faced a decline in number of certifications due to COVID-19 pandemic with 26 Certified Labour Rooms till 31st December' 2020. The details are given in *Annexure VII*.

Table 5.3: Category-wise distribution of LaQshya certified Labour Rooms in India (till 31st December' 2020)

Zone	MC	DH	SDH	CHC	Total
West	9	39	36	7	91
South	6	45	8	1	60
North	0	30	3	3	36
Central	1	30	3	4	38
East	3	20	3	2	28
North-East	0	11	1	0	12
Total	**19**	**175**	**54**	**17**	**265**

Table 5.3 shows that total 265 Labour Rooms are LaQshya certified till 31st December' 2020. It includes Labour Rooms of 19 Medical College Hospitals, 175 District Hospitals, 54 Sub Divisional Hospitals and 17 Community Health Centres. State-wise and category-wise distribution LaQshya certified Labour Rooms has been attached as *Annexure VIII*.

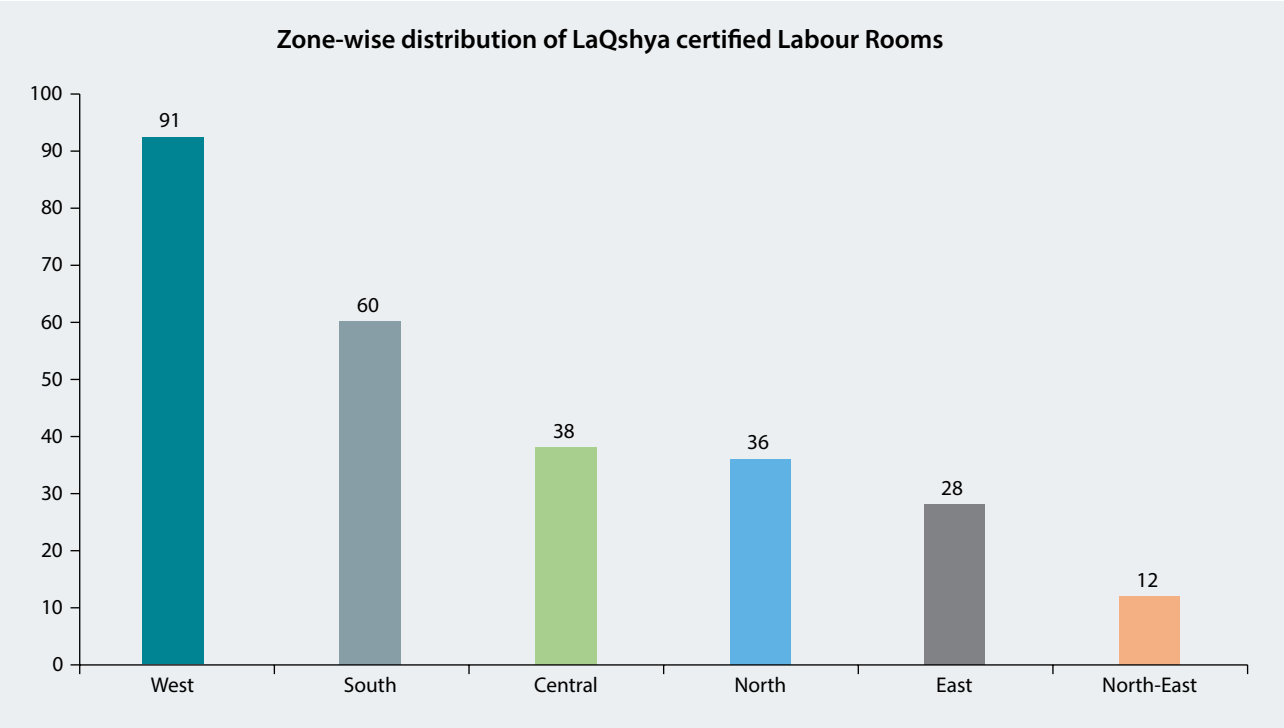

Figure 5.1: Zone-wise distribution of public health facilities with LaQshya certified Labour Rooms (till 31st December' 2020)

Figure 5.1 depicts that the west-zone of the country performed better than the other zones in respect to LaQshya certification of Labour Rooms, which mainly includes Maharashtra with 55 and Gujarat with 30 certified Labour Rooms.

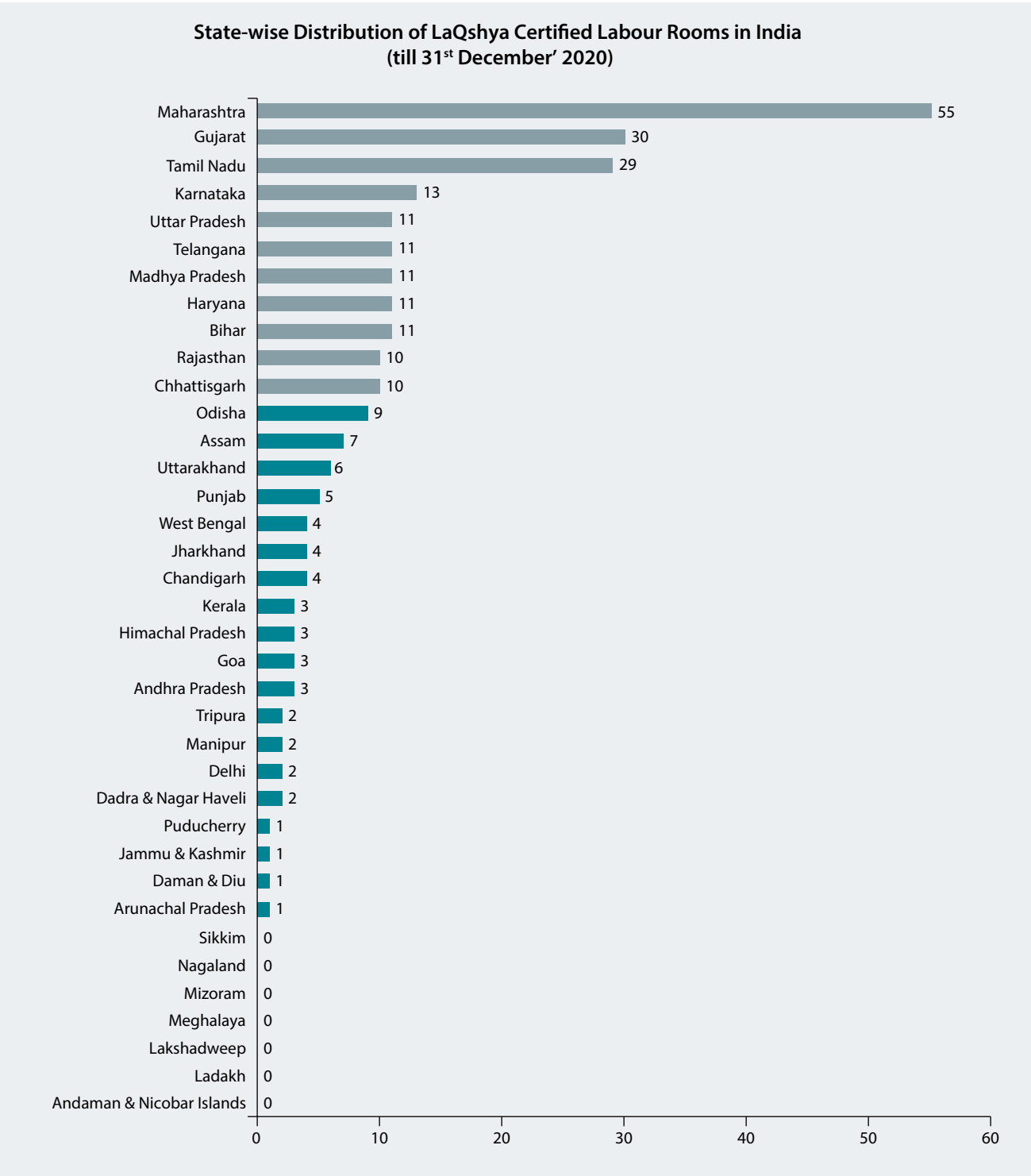

Figure 5.2: Graphical representation of LaQshya certified Labour Rooms in India

The graphical representation in figure 5.2 shows the highest number of LaQshya certified Labour Rooms in the State of Maharashtra (55) followed by Gujarat (30) and Tamil Nadu (29). States including Bihar, Haryana, Karnataka, Madhya Pradesh, Uttar Pradesh and Telangana have more than 10 (ten) LaQshya certified Labour Rooms. States/UTs including Andaman & Nicobar Island, Ladakh, Lakshadweep, Meghalaya, Mizoram and Nagaland are yet to initiate the assessments under LaQshya Program.

Similar to the certifications of Labour Rooms, the financial year-wise and category-wise distribution of LaQshya certified Maternity Operation Theatres are shown in the Tables 5.4 and 5.5.

Table 5.4: Zone-wise distribution of LaQshya certified Maternity Operation Theatres from FY 2018-19 till 31st December' 2020

Zone	2018-19	2019-20	2020-21*	Total
West	6	74	4	87
South	4	45	10	59
Central	3	26	7	33
North	1	15	6	23
East	0	16	6	18
North-East	2	8	0	10
Total	**16**	**184**	**33**	**233**

Increase in the number of LaQshya certified Maternity OTs was observed from FY 2018-19 to 2019-20. However, in FY 2020-21, only 27 MOTs were LaQshya certified as on 31st December' 2020 due to the prevailing pandemic. The west-zone of the country is the forerunner in the number of certified MOTs, similar to the number of certified LRs. Financial year-wise State wise distribution of LaQshya certified MOTs is given in *Annexure IX*.

Table 5.5: Category-wise distribution of LaQshya certified Maternity Operation Theatres from FY 2018-19 till 31st December' 2020

Zone	MC	DH	SDH	CHC	Total
West	9	39	31	5	84
South	7	45	6	1	59
Central	1	30	3	2	36
North	0	16	2	4	22
East	3	15	2	2	22
North-East	0	9	1	0	10
Total	**20**	**154**	**45**	**14**	**233**

Table 5.5 shows that 233 MOTs are LaQshya certified till 31st December' 2020. It includes MOT of 20 Medical College Hospitals, 154 District Hospitals, 45 Sub Divisional Hospitals and 14 Community Health Centres. Category-wise and State-wise distribution of LaQshya certified MOTs is given in *Annexure X*.

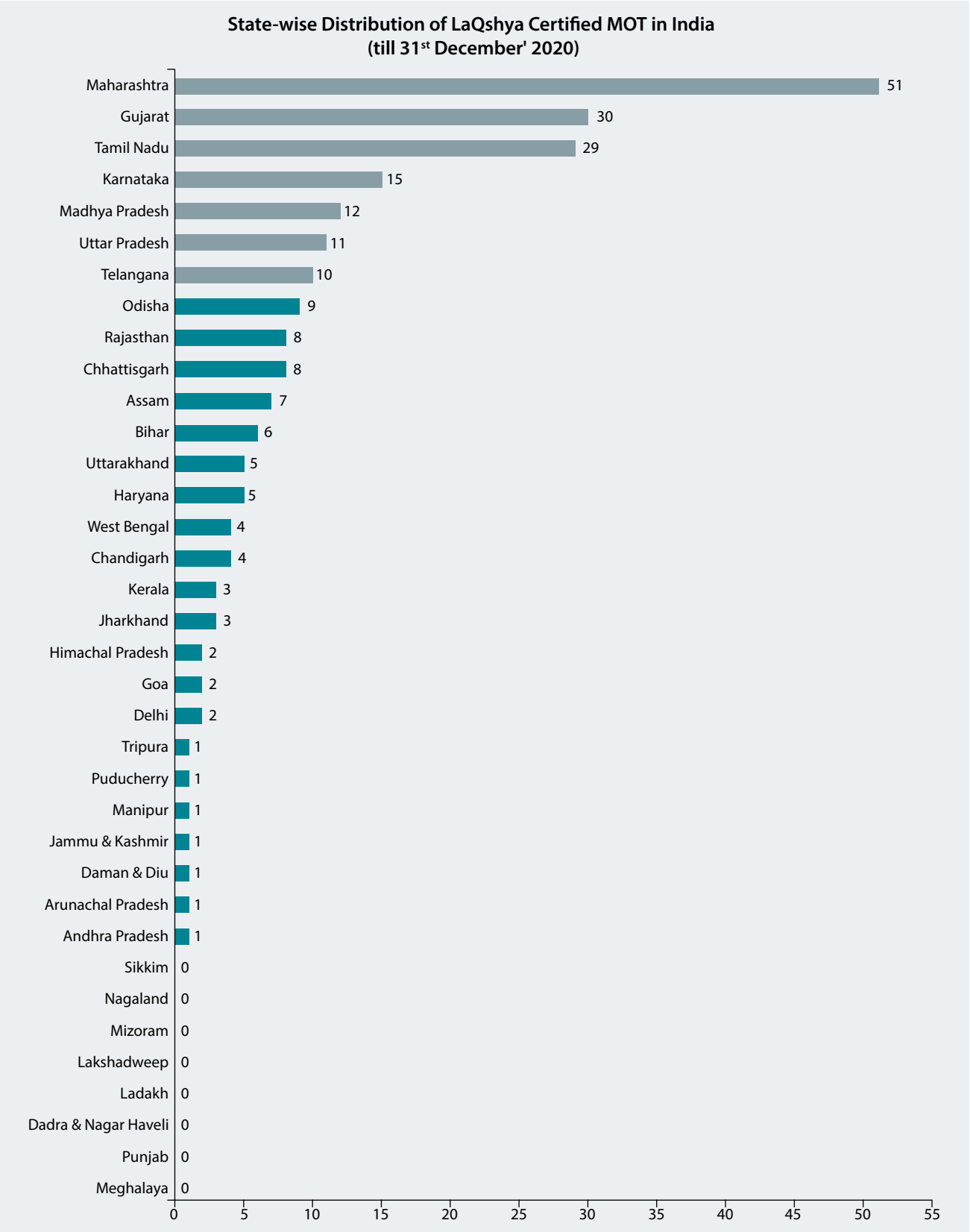

Figure 5.3: Graphical representation of LaQshya certified Maternity OTs in India

The graphical representation in figure 5.3 shows the highest number of LaQshya certified MOTs in the State of Maharashtra (51) followed by Gujarat (30), Tamil Nadu (29) and Karnataka (15). States/UTs including Andaman & Nicobar Island, Dadra & Nagar Haveli, Ladakh, Lakshadweep, Meghalaya, Mizoram, Nagaland, Punjab, Sikkim are yet to initiate the assessments.

B. Quality Assurance under NUHM

The National Urban Health Mission (NUHM) was launched as a sub component under the National Health Mission (NHM) in May 2013. The aim of the mission is to provide primary healthcare services to the urban population; especially the urban poor and other vulnerable sections of the society. The aim of the mission has been envisaged to be achieved by strengthening the existing health care service delivery system, targeting the people living in urban slums and converging the interventions with other National schemes or programs.

National Quality Assurance is a streamlined Program under the NHM, which was further extended to urban health and the 'National Quality Standards for Urban Primary Health Centres' were launched in the year 2015. Over the year, it has supported the States/UTs in establishing a credible quality management system and quantitative measurement of quality in urban primary healthcare facilities also.

Till December' 2020, baseline assessment of approximately 51% U-PHCs had been completed. 891 Assessors were trained for undertaking assessment and supporting the States/UTs in closing the identified gaps in urban health facilities[4]. Out of 700 NQAS certified public health facilities (till December' 2020); a total of 48 i.e. 7% of the public health facilities are Urban-primary health centers.

Kayakalp Award Scheme was also extended to urban health facilities on 2017-18. It was observed that participation of urban health facilities in Kayakalp Award Scheme had increased significantly from 2042 health facilities in 2017-18 to 3732 in 2019-20, as shown in figure 6.1. Correspondingly, number of urban health facility receiving the Kayakalp Award by scoring minimum benchmark of 70% score had increased from 181 in FY 2017-18 to 1010 in FY 2019-20. Out of the total 7615 health facilities which received Kayakalp Award in 2019-20, 13.26% are urban health facilities.

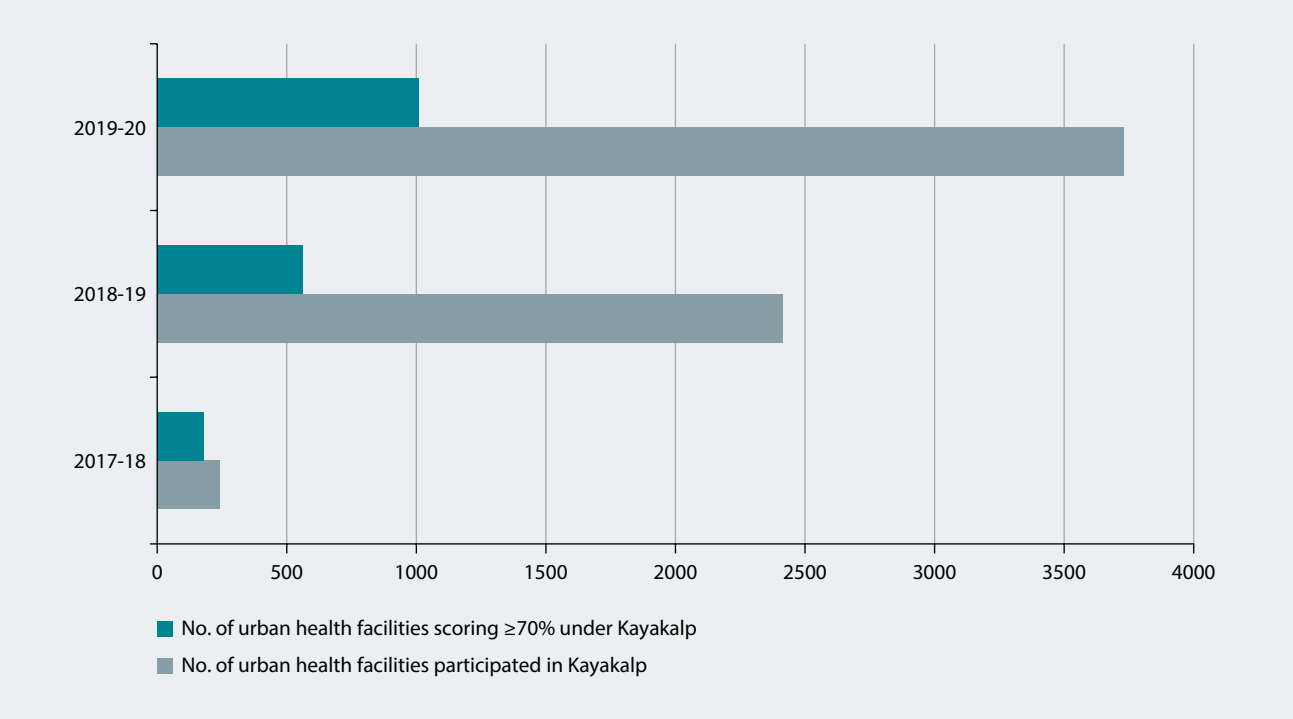

Figure 6.1: Number of urban health facilities participated in Kayakalp award scheme v/s number of urban health facilities scoring ≥70%

In addition, a total of 667 U-PHCs of the Country have been integrated with Mera-Aspataal web portal till date.

C. Quality Assurance in Aspirational Districts

In the last decades, India has made a significant progress in health sector including the reduction in MMR from 556 in 1990 to 113 per 100,000 live birth in 2018 (SRS); 50% reduction in IMR from 66 in 2001 to 32 per 1000 live birth in 2018. Life Expectancy has also increased from 33 years in 1947 to 68.7 in 2015. However, inequities in health outcome continue to persist across States and Districts; reported growth is uneven and there exists several inter-state and inter-district variations.

Nonetheless, India is committed to achieve the Sustainable Development Goals of improving the MMR to less than 70 and under 5 mortality rate to less than 25 by 2030. In congruence with the commitment, the Government of India has launched 'Transformation of Aspirational Districts' initiatives in January 2018. The initiative has a vision of New India by 2022, to quickly and effectively transform the identified Aspirational Districts through a mass movement. The broad contours of the program are Convergence (of Central & State Schemes), Collaboration of Central, State level 'Prabhari' Officers & District Collectors and competition among Districts driven by a mass movement. With States as the main drivers, this program focuses on the strength of each District, identify low- hanging fruits for immediate corrective actions, which is further followed by measuring the progress and ranking the respective Districts.

A total of 112 Aspirational Districts have been identified by National Institution for Transforming India) (NITI) Aayog based on the composite assessment of 71 indicators across various sectors like Health and Nutrition, Education, Basic Infrastructure, Agriculture and Water Resources, Financial inclusion and Skill Development. Out of the identified 112 Districts, 42 Districts are in the Eastern Zone, 28 in Central Zone, 14 Districts in North Eastern Zone, 11 each in South and North Zones and 6 Districts are in west-zone of the Country.

Under this initiative, Health and Nutrition have been given a total weightage of 30% and have been planned to be monitored through a set of 13 thematic areas and 31 sub-core indicators. One of these indicators is LaQshya Certification of Labour Rooms and Maternal OTs in the identified Aspirational Districts.

Table 7.1: Zone-wise and Category-wise distribution of LaQshya certified Labour Rooms in Aspirational Districts of India

Zone	Aspirational Districts	MC	DH	SDH	CHC	Total
Central	28	0	8	0	4	12
East	42	2	14	1	1	18
West	6	0	4	8	0	12
South	0	0	5	1	0	6
North	11	0	3	1	0	4
North East	14	0	4	0	0	4
Total	**112**	**2**	**38**	**11**	**5**	**56**

Till December' 2020, a total of 56 Labour Rooms in the identified Aspirational Districts were certified under the LaQshya Program. Table 7.1 shows the highest number certified LRs in East Zone (18), followed by Central and West Zone (12 each). State-wise distribution of LaQshya certified Labour Rooms in Aspirational Districts of India is given in *Annexure XI*.

Table 7.2: Zone-wise and Category-wise LaQshya certified Maternity OTs in Aspirational Districts of India

Zone	Aspirational Districts	MC	DH	SDH	CHC	Total
CENTRAL	28	0	8	0	2	10
WEST	6	0	4	8	0	12
EAST	42	2	11	0	1	14
SOUTH	11	0	4	0	0	4
NORTH	11	0	1	1	0	2
NORTH-EAST	14	0	2	0	0	2
Total	**112**	**2**	**30**	**9**	**3**	**44**

A total of 44 Maternity OTs of the Aspirational Districts have been reported to be LaQshya certified till December' 2020. Table 7.2 depicts the highest number of certified Maternity OTs in East Zone (14), followed by West Zone (12) and Central Zone (10). State-wise distribution of LaQshya certified Maternity OTs in Aspirational Districts of India is given in *Annexure XII*.

D. Training and Capacity Building

'Operational guidelines for 'Quality Assurance in Public health facilities 2013' suggests five types of training to build the capacity of States/UTs, which includes Awareness Training (one day), Internal Assessors' Training (two days), External Assessors' Training (five days), Training for Service Providers (three days) and NUHM training.

While assessing the needs of the State/UTs, the spectrum of training module has been modified for better implementation of the National Quality Assurance Program; which resulted in the introduction of thematic area-wise trainings in the year 2018. This mainly includes the capacity building training for infection control practices and biomedical waste management, measuring and improving patient satisfaction, medical and death audits, quality tools, key performance indicators, medical record management and hospital information system, quality assurance in laboratories and facility management etc. Additionally, the States/UTs have been provided with the flexibility to merge the Internal Assessors' Training and Service Providers Training, as per the need and the training is called as the Internal Assessors' cum Service Providers Training.

Under the defined institutional arrangement of the Program, the State Quality Assurance Unit (SQAU) and District Quality Assurance Unit (DQAU) have been constituted to oversee, guide the successful implementation of quality assurance program and to provide a roadmap for the program. This includes creation of a cadre of competent assessors, both for undertaking internal assessment by the facility and also for external assessment for the National certification of the healthcare facilities.

It is equally important to address the issues faced by the States/UTs in Program implementation and periodically build the capacity of the Program Officers, State, District and Facility Quality Teams; which subsequently enables them to provide mentoring support to the public health services in their respective regions. Hence, a Nodal Officers Workshop titled 'National Quality Assurance Program: Enablers and Challenges in implementation and sustenance' was organized by the Quality Improvement Division, NHSRC in March' 2020. The participants were introduced with the revised version of the NQAS checklists and the State/UT-wise progress and challenges were discussed during the workshop.

A total of 560 trainings under the National Quality Assurance Program have been conducted till 31st December 2020. Details are shown below.

Table 8.1: Total number of Trainings under the National Quality Assurance Program (till 31st December' 2020)

Type of Training		Cumulative Total
NQAS	Awareness Training	43
	Internal Assessors' Training	141
	Service Providers' Training	107
	External Assessors Training	15
	Others	89
LaQshya	LaQshya Training	40
Kayakalp	Awareness Training	21
	Kayakalp External Assessors' Training	26
	Swachh Bharat Abhiyan Training	22
NUHM	Awareness Training	12
	Internal Assessors' cum Service Providers Training	44
TOTAL		**560**

Out of the total 560 trainings, eighteen (18) had been conducted online through electronic platform, as the physical visits to the States/UTs could not be possible in due to the ongoing COVID-19 pandemic. Table 8.2 enumerates the online conducted trainings by the Quality Improvement Division, NHSRC.

Table 8.2: Total number of online conducted training till December' 2020

Number of online conducted training under the National Quality Assurance Program (till Sep. 2020)		
Sl.	**Type of Training**	**No. of training**
1.	Service Providers Training	3
2.	Internal Assessors' Training for DH	1
3.	Internal Assessors' cum Service Providers Training for urban health	1
4.	Infection Control & BMW management Training	7
5.	Mera-Aspataal implementation	6
Total		**18**

In the year 2019, with increasing applications for external assessments under the NQAS and LaQshya, an explicit need was felt to increase the pool of External Assessors; therefore, five batches of External Assessors' Training were executed. As on December' 2020, a pool of 4512 Internal Assessors' and 512 External Assessors' are empaneled under the program, across the Country. State-wise number of certified Internal and External Assessors' is given in *Annexure XIII*.

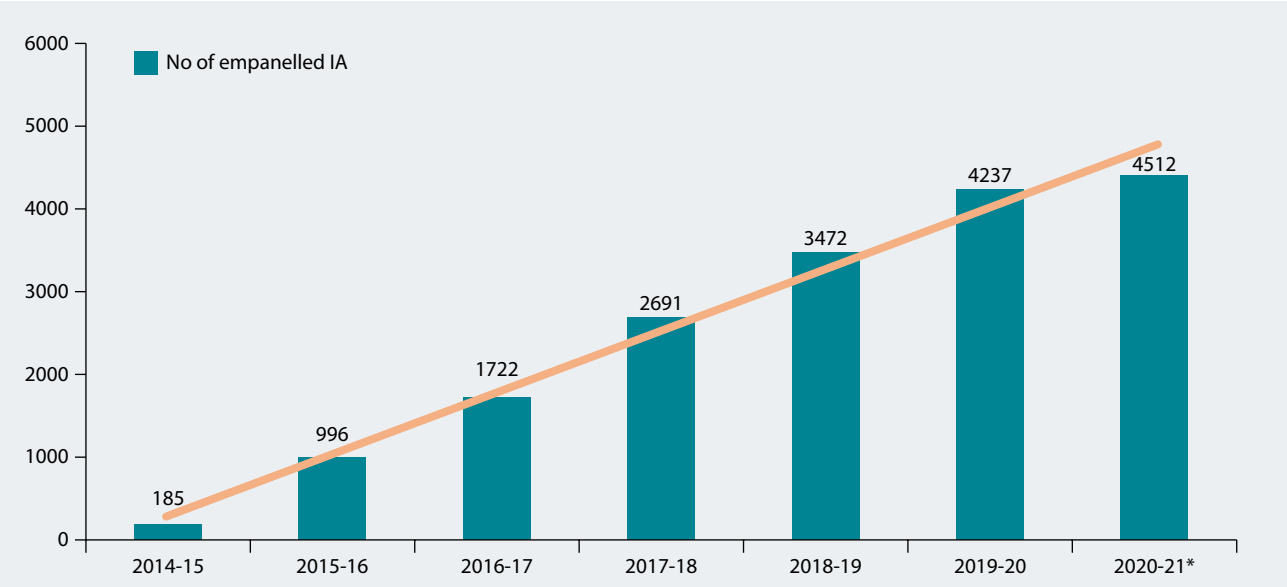

Figure 8.1: Cumulative Number of NQAS certified Internal Assessors (till December' 2020)

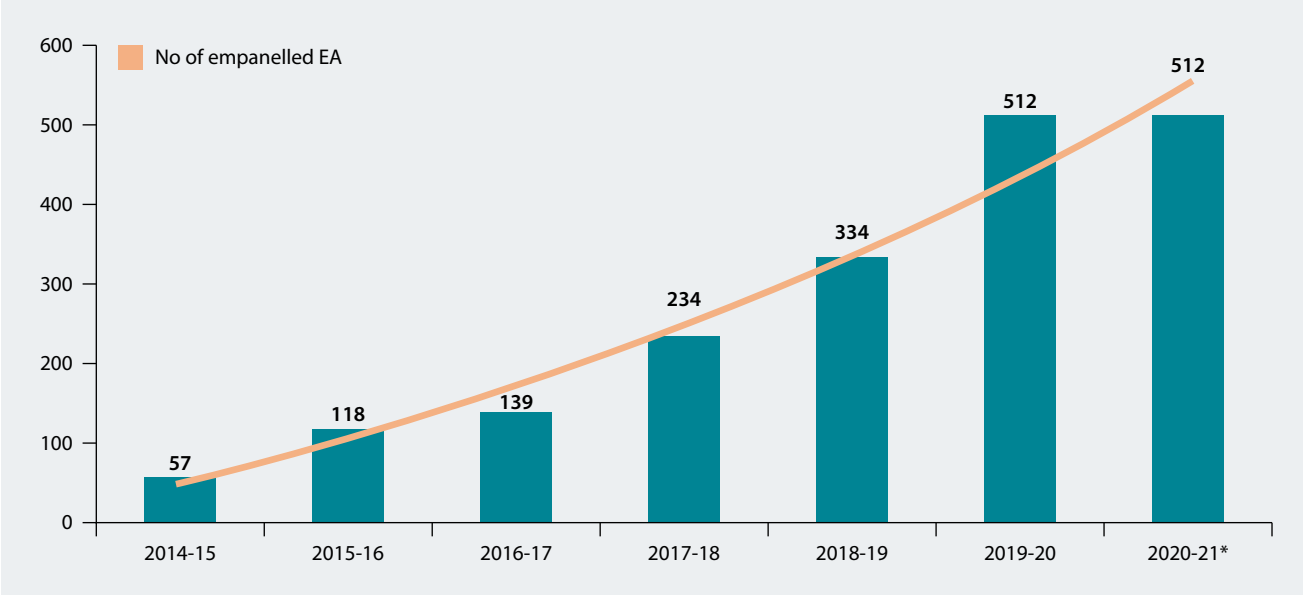

Figure 8.2: Cumulative Number of NQAS certified External Assessors (till December' 2020)

Figure 8.1 and 8.2 shows the progress in terms of increase in number of internal and external assessors from FY 2014-15 till December' 2020.

E. Vision Ahead

Continual improvement and sustenance of achieved quality standards have been the primary focus of National Quality Assurance Program. The program has sustained its focus to analyze the challenges of implementation in improving the quality of care and to develop innovative solutions to long-standing challenges of public health system. The vision is to accomplish the sustainable development goals and to ensure good health and well-being among the citizens of the Country.

In the similar spirit, on 17th September' 2020, a National webinar was organised by the Quality Improvement Division, National Health System Resource Centre, New Delhi on the occasion Second World Patient Safety Day (WPSD). The webinar was conducted in collaboration with the World Health Organisation, Aravinda Eye Care

System, Tuscany North West Trust, Italy and International Society for Quality in Healthcare; chaired by Secretary, Ministry of Health & Family Welfare. The challenges and risks faced by the health workers, as unveiled during the COVID-19 pandemic, has reported to be directly or indirectly affecting the patient safety. Hence, the theme of the WPSD 2020 was 'Health Worker Safety: A Priority for Patient Safety'. The various aspects of the health worker safety were discussed during the webinar by eminent International and National experts. More than 1200 participants from various healthcare facilities and academic institutions of the Country have attended the webinar. The National team of Quality Improvement, NHSRC and RRC-NE in collaboration with the MoHFW and State Health Departments defines the road-map to provide technical support with such innovative measures.

Some more initiatives which have been or are soon to be launched under the National Quality Assurance Program are enumerated below:

- NQAS Standards for Health and Wellness Centres (Sub-Health Centres)
- NQAS for Comprehensive Lactation Management Centres and Breastfeeding.
- National Quality Assurance Standards for Child Friendly Hospitals.
- National Quality Assurance Standards for Dialysis Centres.
- National Quality Assurance Standards for Central Regulatory Public Health Laboratory Network.
- ISQua accreditation of Certification Cell of NHSRC, Quality Improvement Division.
- IT-enabled NQAS Certification System.
- Effective dissemination of STGs (Standard Treatment Guidelines) for 12 Clinical conditions
- Patient Safety Initiatives
- Operational Guidelines for Planning and Establishment of Drug Warehouses.
- Prescription Audit Guidelines etc.

The National Quality Assurance Program has and will continue to support the States and Union Territories for achieving sustainable quality of care and enhanced satisfaction level among the patients.


PHARMACY
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FEMALE

ANNEXURES

ANNEXURE I

Zone-wise distribution of States and Union Territories of India

Zone	Name of the State	Name of the Union Territory
South	1. Andhra Pradesh 2. Karnataka 3. Kerala 4. Tamil Nadu 5. Telangana.	1. Andaman & Nicobar Islands 2. Lakshadweep 3. Puducherry
West	6. Goa 7. Gujarat 8. Maharashtra	4. Dadra & Nagar Haveli 5. Daman & Diu
North	9. Haryana 10. Himachal Pradesh 11. Punjab 12. Rajasthan	6. Delhi 7. Chandigarh 8. Jammu & Kashmir 9. Ladakh
Central	13. Chhattisgarh 14. Madhya Pradesh 15. Uttarakhand 16. Uttar Pradesh	
East	17. Bihar 18. Jharkhand 19. Odisha 20. West Bengal	
North-East	21. Arunachal Pradesh 22. Assam 23. Manipur 24. Meghalaya 25. Mizoram 26. Nagaland 27. Sikkim 28. Tripura	

ANNEXURE II

State-wise and Category-wise distribution of NQAS certified facilities in India (till 31st December' 2020)

Sl.	States	DH	SDH	CHC	PHC	U-PHC	Total
1	Andhra Pradesh	11	14	21	26		**72**
2	Assam	1			2	1	**4**
3	Bihar	1			1		**2**
4	Chhattisgarh	6		6			**12**
5	Dadra & Nagar Haveli	1					**1**
6	Delhi	5					**5**
7	Gujarat	6		2	75	13	**96**
8	Haryana	9	2	5	67	8	**91**
9	Himachal Pradesh	1					**1**
10	Jammu & Kashmir	3		1			**4**
11	Jharkhand	1					**1**
12	Karnataka	7				3	**10**
13	Kerala	3	4	4	67	7	**85**
14	Madhya Pradesh	4					**4**
15	Maharashtra	1	2		53		**56**
16	Manipur	2			1		**3**
17	Meghalaya				2		**2**
18	Mizoram	1				1	**2**
19	Nagaland					1	**1**
20	Odisha	2		2		4	**8**
21	Punjab	5	4	1	1	3	**14**
22	Rajasthan	4		4	6	3	**17**
23	Tamil Nadu	15	11	20	27		**73**
24	Telangana	5			81	3	**89**
25	Tripura		1		4		**5**
26	Uttar Pradesh	17		3	9	1	**30**
27	Uttarakhand	2			1		**3**
28	West Bengal	4	2	3			**9**
Total		**117**	**40**	**72**	**423**	**48**	**700**

ANNEXURE III

State-wise and Financial year-wise distribution of NQAS Certified Facilities in India (till 31st December' 2020)

Sl.	States/UTs	2016-17	2017-18	2018-19	2019-20	2020-21 (till Dec.' 2020)	Total
1	Andaman & Nicobar Islands	-	-	-	-	-	**-**
2	Andhra Pradesh	-	2	20	50	-	**72**
3	Arunachal Pradesh	-	-	-	-	-	**-**
4	Assam	-	-	-	4	-	**4**
5	Bihar	-	-	-	2	-	**2**
6	Chandigarh	-	-	-	-	-	**-**
7	Chhattisgarh	-	-	5	7	-	**12**
8	Dadra & Nagar Haveli	1	-	-	-	-	**1**
9	Daman & Diu	-	-	-	-	-	**-**
10	Delhi	-	1	1	2	1	**5**
11	Goa	-	-	-	-	-	**-**
12	Gujarat	2	-	5	51	38	**96**
13	Haryana	2	10	24	46	9	**91**
14	Himachal Pradesh	-	-	-	1	-	**1**
15	Jammu & Kashmir	-	-	-	2	2	**4**
16	Jharkhand	-	-	-	1	-	**1**
17	Karnataka	-	2	1	7	-	**10**
18	Kerala	-	1	13	52	19	**85**
19	Ladakh	-	-	-	-	-	**-**
20	Lakshadweep	-	-	-	-	-	**-**
21	Madhya Pradesh	-	1	1	2	-	**4**
22	Maharashtra	-	26	18	11	1	**56**
23	Manipur	-	-	-	3	-	**3**
24	Meghalaya	-	-	-	2	-	**2**
25	Mizoram	1	-	-	1	-	**2**
26	Nagaland	-	-	-	1	-	**1**
27	Odisha	1	-	2	4	1	**8**
28	Puducherry	-	-	-	-	-	**-**
29	Punjab	1	4	3	6	-	**14**
30	Rajasthan	1	-	5	9	2	**17**
31	Sikkim	-	-	-	-	-	**-**
32	Tamil Nadu	-	-	24	49	-	**73**
33	Telangana	-	1	29	59	-	**89**
34	Tripura	-	1	-	3	1	**5**
35	Uttar Pradesh	1	1	3	24	1	**30**
36	Uttarakhand	-	-	1	1	1	**3**
37	West Bengal	-	2	-	5	2	**9**
Total		**10**	**52**	**155**	**405**	**78**	**700**

Annexure IV

State-wise and Category-wise distribution of DHs, SDHs/CHCs and PHCs scoring ≥70% under the Kayakalp Scheme in FY 2019-20

Sl.	States/UTs	DH		SDH /CHC		PHC	
		Total DH	≥70% Score	Total SDH/CHC	≥70% Score	Total PHC	≥70% Score
1	Andaman & Nicobar Islands	0	0	0	0	0	0
2	Andhra Pradesh	13	10	225	115	1145	230
3	Arunachal Pradesh	14	1	36	5	45	7
4	Assam	25	15	194	54	880	132
5	Bihar	37	4	222	19	288	25
6	Chandigarh	2	0	2	1	0	0
7	Chhattisgarh	24	10	167	31	749	153
8	Dadra & Nagar Haveli	1	1	3	3	7	3
9	Daman & Diu	2	2	2	2	4	4
10	Delhi	33		7	0	0	
11	Goa	2	1	6	2	25	6
12	Gujarat	23	14	385	200	1456	875
13	Haryana	20	11	89	22	296	60
14	Himachal Pradesh	12	2	164	15	521	95
15	Jammu & Kashmir	23	5	76	8	204	30
16	Jharkhand	23	4	128	20	111	26
17	Karnataka	45	32	351	154	2163	367
18	Kerala	44	7	313	19	849	44
19	Ladakh	0	0	0	0	0	0
20	Lakshadweep	NA	NA	NA	NA	NA	NA
21	Madhya Pradesh	51	31	418	61	1199	162
22	Maharashtra	34	17	339	83	1203	269
23	Manipur	7	5	18	4	81	37
24	Meghalaya	8	2	27	4	101	20
25	Mizoram	9	8	11	8	57	47
26	Nagaland	11	0	21	5	126	19
27	Odisha	32	19	406	77	1226	156
28	Puducherry	1	0	2	0	23	0

Sl.	States/UTs	DH		SDH /CHC		PHC	
		Total DH	≥70% Score	Total SDH/CHC	≥70% Score	Total PHC	≥70% Score
29	Punjab	22	9	192	48	410	44
30	Rajasthan	27	16	603	124	1985	257
31	Sikkim	4	2	2	2	24	8
32	Tamil Nadu	31	28	667	355	1229	451
33	Telangana	29	9	117	18	636	236
34	Tripura	7	3	34	11	108	29
35	Uttar Pradesh	160	77	677	105	735	134
36	Uttarakhand	18	11	90	19	232	33
37	West Bengal	23	16	348	175	908	119
Total		**817**	**372**	**6342**	**1769**	**19026**	**7603**

Note: The total number public health facilities shown in the annexure are as per State reports.

Annexure V

State-wise and Category-wise distribution of U-PHCs, U-CHCs and HWC-SCs scoring ≥70% under the Kayakalp Scheme in FY 2019-20

Sl.	States/UTs	UPHC		UCHC		HWC-SC	
		Total UPHC	≥70% Score	Total UCHC	≥70% Score	Total HWC-SC	≥70% Score
1	Andaman & Nicobar Islands	0	0	0	0	0	0
2	Andhra Pradesh	243	79	0	0	779	62
3	Arunachal Pradesh	0	0	0	0	17	0
4	Assam	54	12	0	0	0	0
5	Bihar	98	0	0	0	0	0
6	Chandigarh	3	0	2	0	10	2
7	Chhattisgarh	43	12	3	1	564	67
8	Dadra & Nagar Haveli	0	0	0	0	25	11
9	Daman & Diu	0	0	0	0	9	0
10	Delhi	350	0	0	0	0	0
11	Goa	4	0	0	0	0	0
12	Gujarat	332	134	0	0	1157	0
13	Haryana	95	45	2	1		0
14	Himachal Pradesh	16	2	0	0	0	0
15	Jammu & Kashmir	49	5	0	0	0	0
16	Jharkhand	51	7	6	0	48	20
17	Karnataka	337	55	9	3	0	0
18	Kerala	83	8	0	0	0	0
19	Ladakh	NA	NA	NA	NA	NA	NA
20	Lakshadweep	0	0	0	0	0	0
21	Madhya Pradesh	203	13	2	0	140	0
22	Maharashtra	130	0	24	0	0	0
23	Manipur	9	6	0	0	64	20
24	Meghalaya	18	0	0	0	11	1
25	Mizoram	8	4	0	0	0	0
26	Nagaland	7	1	0	0	0	0
27	Odisha	84	66	1	1	125	18
28	Puducherry	0	0	0	0	1	0
29	Punjab	81	13	0	0	408	0
30	Rajasthan	226	92	0	0	0	0

Sl.	States/UTs	UPHC		UCHC		HWC-SC	
		Total UPHC	≥70% Score	Total UCHC	≥70% Score	Total HWC-SC	≥70% Score
31	Sikkim	0	0	0	0	0	0
32	Tamil Nadu	401	168	15	2	653	167
33	Telangana	225	90	9	0	0	0
34	Tripura	6	3	0	0	40	4
35	Uttar Pradesh	45	35	10	0	0	0
36	Uttarakhand	0	0	0	0	47	2
37	West Bengal	448	152	0	0	0	0
Total		**3649**	**1002**	**83**	**9**	**4098**	**374**

ANNEXURE VI

State-wise and Category-wise distribution of healthcare facilities integrated with Mera-Aspataal (as on 24th November 2020)

Sl.	States/UTs	CGH	MCH	DH	SDH	CHC	PHC	UPHC	P-MC	PV-HO	OTH	Total
1	Andaman & Nicobar Islands	-	-	-	-	-	-	-	-	-	-	**-**
2	Andhra Pradesh	1	-	13	28	193	-	-	-	-	-	**235**
3	Arunachal Pradesh	-	-	16	-	-	-	-	-	-	-	**16**
4	Assam	1	-	-	-	-	-	-	-	-		**1**
5	Bihar	1	-	37	-	-	-	-	-	-	-	**38**
6	Chandigarh	1	1	2	-	-	-	-	-	-	-	**4**
7	Chhattisgarh	1	1	2	-	-	-	-	-	-	-	**4**
8	Dadra & Nagar Haveli	-	-	1	1	2	7	-	-	-	-	**11**
9	Daman & Diu	-	-	2	-	-	-	-	-	-	-	**2**
10	Delhi	7	1	30	2	-	-	-	-	-	3	**42**
11	Goa	-	-	2	1	-	-	-	-	-	-	**3**
12	Gujarat	-	20	24	33	278	1163	264	-	161	2	**1945**
13	Haryana	-	4	23	6	4	1	-	-	-	-	**38**
14	Himachal Pradesh	-	-	11	7	1	1	-	-	-	-	**20**
15	Jammu & Kashmir	-	-	21	5	12	1	-	-	-	-	**39**
16	Jharkhand	1	-	23	3	46	-	1	-	-	-	**74**
17	Karnataka	1	2	38	26	-	-	-	-	-	-	**67**
18	Kerala	-	-	5	24	277	692	1	-	-	1	**1000**
19	Ladakh	-	-	-	-	-	-	-	-	-	-	**-**
20	Lakshadweep	-	-	-	-	-	-	-	-	-	-	**-**
21	Madhya Pradesh	1	-	58	-	-	-	140	-	-	6	**205**
22	Maharashtra	3	-	45	92	358	-	-	-	-	-	**498**
23	Manipur	1	-	7	-	-	-	-	-	-	-	**8**
24	Meghalaya	1	-	12	-	-	-	-	-	-	-	**13**
25	Mizoram	-	-	9	-	-	-	2	-	-	-	**11**
26	Nagaland	-	-	11	-	-	-	-	-	-	-	**11**
27	Odisha	1	-	32	-	-	-	-	-	-	-	**33**
28	Puducherry	1	-	1	-	-	-	-	-	-	-	**2**
29	Punjab	1	-	23	-	-	-	-	-	-	-	**24**

Sl.	States/UTs	CGH	MCH	DH	SDH	CHC	PHC	UPHC	P-MC	PV-HO	OTH	Total
30	Rajasthan	1	30	28	25	121	5	39	-	-	-	**249**
31	Sikkim	-	-	4	-	-	-	-	-	-	-	**4**
32	Tamil Nadu	-	-	31	-	-	-	-	19	530	-	**580**
33	Telangana	-	2	21	23	47	605	220	-	-	-	**918**
34	Tripura	-	-	8	9	-	-	-	-	-	-	**17**
35	Uttar Pradesh	1	2	155	-	-	-	-	-	-	-	**158**
36	Uttarakhand	1	-	-	-	-	-	-	-	-	-	**1**
37	West Bengal	-	1	-	-	-	-	-	-	-	-	**1**
Total		**26**	**64**	**695**	**284**	**1339**	**2475**	**667**	**19**	**691**	**12**	**6272**

CGH *Central Government Hospitals*
MCH *Medical College Hospitals*
P-MC *Private Medical College Hospitals*
PV-HO *Private Hospitals (empanelled by the States)*
OTH *Gas Rahat Hospitals in MP & others*

Annexure VII

State-wise and FY-wise distribution of LaQshya certified Labour Rooms in India (till 31st December' 2020)

Sl.	States/UTs	2018-19	2019-20	2020-21 (till Dec. 2020)	Total
1	Andaman & Nicobar Islands	0	0	0	**0**
2	Andhra Pradesh	1	1	1	**3**
3	Arunachal Pradesh	0	1	0	**1**
4	Assam	1	6	0	**7**
5	Bihar	1	10	0	**11**
6	Chandigarh	0	4	0	**4**
7	Chhattisgarh	1	8	1	**10**
8	Dadra & Nagar Haveli	2	0	0	**2**
9	Daman & Diu	0	0	1	**1**
10	Delhi	0	1	1	**2**
11	Goa	0	3	0	**3**
12	Gujarat	6	22	2	**30**
13	Haryana	2	6	3	**11**
14	Himachal Pradesh	1	1	1	**3**
15	Jammu & Kashmir	0	0	1	**1**
16	Jharkhand	0	4	0	**4**
17	Karnataka	0	11	2	**13**
18	Kerala	1	2	0	**3**
19	Ladakh	0	0	0	**0**
20	Lakshadweep	0	0	0	**0**
21	Madhya Pradesh	1	9	1	**11**
22	Maharashtra	0	53	2	**55**
23	Manipur	0	2	0	**2**
24	Meghalaya	0	0	0	**0**
25	Mizoram	0	0	0	**0**
26	Nagaland	0	0	0	**0**
27	Odisha	0	7	2	**9**
28	Puducherry	0	1	0	**1**
29	Punjab	0	5	0	**5**
30	Rajasthan	1	9	0	**10**
31	Sikkim	0	0	0	**0**

Sl.	States/UTs	2018-19	2019-20	2020-21 (till Dec. 2020)	Total
32	Tamil Nadu	2	21	6	**29**
33	Telangana	1	10	0	**11**
34	Tripura	0	1	1	**2**
35	Uttar Pradesh	0	9	2	**11**
36	Uttarakhand	1	2	3	**6**
37	West Bengal	0	0	4	**4**
Total		**22**	**209**	**34**	**265**

Annexure VIII

State-wise & Category- wise distribution of LaQshya certified Labour Rooms in India (till 31st December' 2020)

Sl.	States/UTs	MC	DH	SDH	CHC	Total
1	Andaman & Nicobar Islands	0	0	0	0	**0**
2	Andhra Pradesh	0	1	2	0	**3**
3	Arunachal Pradesh	0	1	0	0	**1**
4	Assam	0	7	0	0	**7**
5	Bihar	0	10	1	0	**11**
6	Chandigarh	0	4	0	0	**4**
7	Chhattisgarh	1	5	1	3	**10**
8	Dadra & Nagar Haveli	0	1	1	0	**2**
9	Daman & Diu	0	1	0	0	**1**
10	Delhi	0	2	0	0	**2**
11	Goa	1	1	1	0	**3**
12	Gujarat	8	14	1	7	**30**
13	Haryana	0	7	2	2	**11**
14	Himachal Pradesh	0	3	0	0	**3**
15	Jammu & Kashmir	0	0	0	1	**1**
16	Jharkhand	1	2	0	1	**4**
17	Karnataka	0	13	0	0	**13**
18	Kerala	0	3	0	0	**3**
19	Ladakh	0	0	0	0	**0**
20	Lakshadweep	0	0	0	0	**0**
21	Madhya Pradesh	0	11	0	0	**11**
22	Maharashtra	0	22	33	0	**55**
23	Manipur	0	2	0	0	**2**
24	Meghalaya	0	0	0	0	**0**
25	Mizoram	0	0	0	0	**0**
26	Nagaland	0	0	0	0	**0**
27	Odisha	1	7	0	1	**9**
28	Puducherry	0	1	0	0	**1**
29	Punjab	0	5	0	0	**5**
30	Rajasthan	0	9	1	0	**10**
31	Sikkim	0	0	0	0	**0**
32	Tamil Nadu	6	18	5	0	**29**
33	Telangana	0	9	1	1	**11**
34	Tripura	0	1	1	0	**2**
35	Uttar Pradesh	0	11	0	0	**11**
36	Uttarakhand	0	3	2	1	**6**
37	West Bengal	1	1	2	0	**4**
Total		**19**	**175**	**54**	**17**	**265**

ANNEXURE IX

State-Wise and FY-Wise Distribution of LaQshya Certified Maternity OTs in India (till 31st December' 2020)

Sl.	States/UTs	2018-19	2019-20	2020-21	Total
1	Andaman & Nicobar Islands	-	-	-	**0**
2	Andhra Pradesh	-	1	-	**1**
3	Arunachal Pradesh	-	1	-	**1**
4	Assam	2	5	-	**7**
5	Bihar	-	6	-	**6**
6	Chandigarh	-	4	-	**4**
7	Chhattisgarh	1	6	1	**8**
8	Dadra & Nagar Haveli	-	-	-	**0**
9	Daman & Diu	-	-	1	**1**
10	Delhi	-	1	1	**2**
11	Goa	-	2	-	**2**
12	Gujarat	6	21	3	**30**
13	Haryana	-	2	3	**5**
14	Himachal Pradesh	-	1	1	**2**
15	Jammu & Kashmir	-	-	1	**1**
16	Jharkhand	-	3	-	**3**
17	Karnataka	-	11	4	**15**
18	Kerala	1	2	-	**3**
19	Ladakh	-	-	-	**0**
20	Lakshadweep	-	-	-	**0**
21	Madhya Pradesh	1	9	2	**12**
22	Maharashtra	-	51	-	**51**
23	Manipur	-	1	-	**1**
24	Meghalaya	-	-	-	**0**
25	Mizoram	-	-	-	**0**
26	Nagaland	-	-	-	**0**
27	Odisha	-	7	2	**9**
28	Puducherry	-	1	-	**1**
29	Punjab	-	-	-	**0**
30	Rajasthan	1	7	-	**8**
31	Sikkim	-	-	-	**0**
32	Tamil Nadu	2	21	6	**29**
33	Telangana	1	9	-	**10**
34	Tripura	-	1	-	**1**
35	Uttar Pradesh	-	9	2	**11**
36	Uttarakhand	1	2	2	**5**
37	West Bengal	-	0	4	**4**
Total		**16**	**184**	**33**	**233**

ANNEXURE X

State & facility-wise distribution of LaQshya certified Maternity OTs in India (till 31st December' 2020)

Sl.	States/UT	MC	DH	SDH	CHC	Total
1	Andaman & Nicobar Island	-	-	-	-	**-**
2	Andhra Pradesh	-	1	-	-	**1**
3	Arunachal Pradesh	-	1	-	-	**1**
4	Assam	-	6	1	-	**7**
5	Bihar	-	6	-	-	**6**
6	Chandigarh	-	4	-	-	**4**
7	Chhattisgarh	1	4	1	2	**8**
8	Dadra & Nagar Haveli	-	-	-	-	**-**
9	Daman & Diu	-	1	-	-	**1**
10	Delhi	-	2	-	-	**2**
11	Goa	-	1	1	-	**2**
12	Gujarat	9	15	1	5	**30**
13	Haryana	-	1	1	3	**5**
14	Himachal Pradesh	-	2	-	-	**2**
15	Jammu & Kashmir	-	-	-	1	**1**
16	Jharkhand	1	1	-	1	**3**
17	Karnataka	1	14	-	-	**15**
18	Kerala	-	3	-	-	**3**
19	Ladakh	-	-	-	-	**-**
20	Lakshadweep	-	-	-	-	**-**
21	Madhya Pradesh	-	12	-	-	**12**
22	Maharashtra	-	22	29	-	**51**
23	Manipur	-	1	-	-	**1**
24	Meghalaya	-	-	-	-	**-**
25	Mizoram	-	-	-	-	**-**
26	Nagaland	-	-	-	-	**-**
27	Odisha	1	7	-	1	**9**
28	Puducherry	-	1	-	-	**1**
29	Punjab	-	-	-	-	**-**
30	Rajasthan	-	7	1	-	**8**
31	Sikkim	-	-	-	-	**-**
32	Tamil Nadu	6	18	5	-	**29**
33	Telangana	-	8	1	1	**10**
34	Tripura	-	1	-	-	**1**
35	Uttar Pradesh	-	11	-	-	**11**
36	Uttarakhand	-	3	2	-	**5**
37	West Bengal	1	1	2	-	**4**
Total		**20**	**154**	**45**	**14**	**233**

Annexure XI

State-wise LaQshya certified Labour Rooms in Aspirational Districts of India

Sl.	States/UTs	No. of Aspirational Districts	MC	DH	SDH	CHC	Total
1	Andaman & Nicobar Island						
2	Andhra Pradesh	3	0	2	1	0	**3**
3	Arunachal Pradesh	1	0	0	0	0	**0**
4	Assam	7	0	3	0	0	**3**
5	Bihar	13	0	6	1	0	**7**
6	Chandigarh		0	0	0	0	**0**
7	Chhattisgarh	10	0	3	0	3	**6**
8	Dadra & Nagar Haveli						
9	Daman & Diu						
10	Delhi						
11	Goa						
12	Gujarat	2	0	0	0	0	**0**
13	Haryana	1	0	1	0	0	**1**
14	Himachal Pradesh	1	0	1	0	0	**1**
15	Jammu & Kashmir	2	0	0	0	0	**0**
16	Jharkhand	19	1	2	0	1	**4**
17	Karnataka	2	0	0	0	0	**0**
18	Kerala	1	0	0	0	0	**0**
19	Ladakh						
20	Lakshadweep						
21	Madhya Pradesh	8	0	3	0	0	**3**
22	Maharashtra	4	0	4	8	0	**12**
23	Manipur	1	0	0	0	0	**0**
24	Meghalaya	1	0	0	0	0	**0**
25	Mizoram	1	0	0	0	0	**0**
26	Nagaland	1	0	0	0	0	**0**
27	Odisha	10	1	6	0	0	**7**
28	Puducherry						
29	Punjab	2	0	0	0	0	**0**
30	Rajasthan	5	0	1	1	0	**2**
31	Sikkim	1	0	0	0	0	**0**
32	Tamil Nadu	2	0	2	0	0	**2**
33	Telangana	3	0	1	0	0	**1**
34	Tripura	1	0	1	0	0	**1**
35	Uttar Pradesh	8	0	1	0	0	**1**
36	Uttarakhand	2	0	1	0	1	**2**
37	West Bengal						
Total		**112**	**2**	**38**	**11**	**5**	**56**

Annexure XII

State-wise LaQshya certified Maternity OTs in Aspirational Districts of India

Sl.	States/UTs	Aspirational Districts	MC	DH	SDH	CHC	Total
1	Andaman & Nicobar Island						
2	Andhra Pradesh	3	0	0	0	0	**0**
3	Arunachal Pradesh	1	0	0	0	0	**0**
4	Assam	7	0	1	0	0	**1**
5	Bihar	13	0	4	0	0	**4**
6	Chandigarh	0	0	0	0	0	**0**
7	Chhattisgarh	10	0	2	0	2	**4**
8	Dadra & Nagar Haveli						
9	Daman & Diu						
10	Delhi						
11	Goa						
12	Gujarat	2	0	0	0	0	**0**
13	Haryana	1	0	0	0	0	**0**
14	Himachal Pradesh	1	0	0	0	0	**0**
15	Jammu & Kashmir	2	0	0	0	0	**0**
16	Jharkhand	19	1	1	0	1	**3**
17	Karnataka	2	0	1	0	0	**1**
18	Kerala	1	0	0	0	0	**0**
19	Ladakh						
20	Lakshadweep						
21	Madhya Pradesh	8	0	4	0	0	**4**
22	Maharashtra	4	0	4	8	0	**12**
23	Manipur	1	0	0	0	0	**0**
24	Meghalaya	1	0	0	0	0	**0**
25	Mizoram	1	0	0	0	0	**0**
26	Nagaland	1	0	0	0	0	**0**
27	Odisha	10	1	6	0	0	**7**
28	Puducherry						
29	Punjab	2	0	0	0	0	**0**
30	Rajasthan	5	0	1	1	0	**2**
31	Sikkim	1	0	0	0	0	**0**
32	Tamil Nadu	2	0	2	0	0	**2**
33	Telangana	3	0	1	0	0	**1**
34	Tripura	1	0	1	0	0	**1**
35	Uttar Pradesh	8	0	1	0	0	**1**
36	Uttarakhand	2	0	1	0	0	**1**
37	West Bengal						
Total		**112**	**2**	**30**	**9**	**3**	**44**

Annexure XIII

State-wise number of certified Internal & External Assessors' (till December' 2020)

Sl.	States/ UTs	Total Internal Assessors	Total External Assessors
1	Andaman & Nicobar Island	-	-
2	Andhra Pradesh	61	16
3	Arunachal Pradesh	41	4
4	Assam	186	8
5	Bihar	199	8
6	Chandigarh	24	4
7	Chhattisgarh	53	3
8	Dadra & Nagar Haveli	86	2
9	Daman & Diu	15	-
10	Delhi	95	45
11	Goa	48	3
12	Gujarat	77	37
13	Haryana	168	26
14	Himachal Pradesh	54	5
15	Jammu & Kashmir	94	4
16	Jharkhand	143	3
17	Karnataka	167	21
18	Kerala	118	36
19	Ladakh	-	-
20	Lakshadweep	17	-
21	Madhya Pradesh	326	9
22	Maharashtra	296	23
23	Meghalaya	50	9
24	Manipur	119	5
25	Mizoram	28	4
26	Nagaland	54	3
27	Odisha	97	6
28	Puducherry	32	2
29	Punjab	307	10
30	Rajasthan	336	8
31	Sikkim	20	2
32	Tamil Nadu	463	78
33	Telangana	57	12
34	Tripura	14	7
35	Uttar Pradesh	295	28
36	Uttarakhand	112	3
37	West Bengal	123	5
38	NHSRC	35	3
39	Private		70
Total		4410	512


ఏరియా ఆసుపత్రి
రామచంద్రపురం
ఏరియా ఆసుపత్రి
రామచంద్రపురం

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